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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

PORTLAND DIVISION

DON'T SHOOT PORTLAND, et al.

Plaintiffs

v.

CITY OF PORTLAND, a municipal
corporation,

Defendant.

Case No. 3:20-cv-00917-HZ

DECLARATION IN DR. ANITA
RANDOLPH IN SUPPORT OF PLAINTIFF'S
MOTION FOR A PRELIMINARY
INJUNCTION

I, Anita Randolph, declare as follows pursuant to 28 USC § 1746:

1. I have personal knowledge of the information contained in this declaration. If called upon to do so, I could and would competently testify regarding the matters set forth herein.
2. I am a postdoctoral research fellow in the Department of Psychiatry and the Department of Behavioral Neuroscience at Oregon Health & Science Center, Veterans Affairs Portland Health Care System, Portland, OR.
3. I hold two Ph.D.'s, one in Biomedical Science and the other in Molecular Neuroscience, from the University of Texas Medical Branch ("UTMB") in collaboration with the University of Palermo, Italy. My dissertation at UTMB focused on smoke inhalation injury and skin burns and how that impacts distant organs such as the Central Nervous System (CNS). My Curriculum Vitae is attached hereto as Exhibit 1.
4. I make this declaration in support for Plaintiffs' Motion for Preliminary Injunction. I make this declaration in my personal capacity and not on behalf of OHSU.

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5. In 2020, I conducted a scientific review of medical publications relating to tear gas, management of tear gas, clinical features and side effects of chlorobenzylidene malononitrile (CS), 2-Chloroacetophenone (CN), or oleoresin capsicum (OC), use of CN versus CS, pepper spray containing OC, environmental effects of tear gas, and coronavirus. Scientific publications between 1990 and 2020 in English discussing the mechanism of tear gas, toxic effects of tear gas, environmental damage, excessive relating to protests, and coronavirus reviews were reviewed.

6. Based on this review, I determined that there is a significant gap in the knowledge of treatment plans, countermeasures, and the medical understanding of the long-term effects of using tear gas in riot-control. As such, the risk of its use is a public health threat and has long lasting health and ecological effects, can result in severe injury, and mental distress, presenting as PTSD and anxiety disorders. Consequently, the use of tear gas to disrupt protests are harmful to the lives of all.

7. My research determined that Riot Control Agents, such as tear gas, prior to dispersion are converted from solid to a gas using numerous toxic chemicals, which are highly toxic to humans and the environment. According to the MSDS, these chemicals are carcinogenic, toxic to aquatic organisms and may cause long-term adverse effects in the aquatic environment, and can lead to conjunctivitis, permanent corneal opacification, convulsions, tachycardia, dyspnea, acute pulmonary edema, asphyxia, chemical pneumonitis, and upper airway obstruction caused by edema, RDA, and death. Additionally, the inhalation of ROC agents exacerbates underlying pulmonary disease such as asthma, emphysema, or bronchitis.

8. Additionally, there is heightened concern regarding the spread of COVID-19. According to the CDC and WHO, the COVID-19 virus is primarily transmitted between people through respiratory droplets, which are produced in high frequency due to exposure of tear gas since it

elicits coughing and sneezing in exposed individuals (WHO, Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, 2020). This is of grave concern since at least 100 protests have been disrupted by the use of tear gas in recent weeks. This is alarming, especially since coughing and sneezing produce greater quantities of respiratory particles that travel further due to the velocity of expulsion from the nose or mouth. It is also important to stress that RCA weapons are designed to aerosolize tear gas into microencapsulated aerosols ranging from 3 to 10 μm which is in the range of the droplets particles, sized $>5\text{-}10\text{ }\mu\text{m}$ in diameter, that can transmit COVID-19.

9. My results are contained in the attached Report: Morman, A., Williams, Z., Smith, D., Randolph A.C. (2020). Riot Control Agents: Systemic Reassessment of Adverse effects on Health, Mental Stability, and Social inequities. Published June 26th, 2020.

10. In addition to the above, I have also reviewed research related to riot control agents' mechanisms of biological impact, their impact on pregnancy, and their neurotoxicity, and the unknown and negative ways these agent can cause irreparable harm to humans.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 29, 2020.

/s/ Dr. Anita Randolph

Dr. Anita Randolph

CURRICULUM VITAE

NAME: Dr. Anita Randolph

PRESENT POSITION AND ADDRESS:

Postdoctoral Research Fellow
Department of Psychiatry
Department of Behavioral Neuroscience
Oregon Health & Science Center, Portland, OR
Veterans Affairs Portland Health Care System, Portland, OR

BIOGRAPHICAL:

Birthplace:	Atlanta, Georgia
Current status:	Citizen
Languages:	English

EDUCATION:

01/2019 to present	Postdoctoral Fellow Department of Psychiatry Department of Behavioral Neuroscience Oregon Health & Science Center, Portland, OR Veterans Affairs Portland Health Care System, Portland, OR
09/2017 to 03/2020	Doctorate of Philosophy, Neuroscience Graduate Program International Department of Biomedicine and Neuroscience Università degli Studi di Palermo, Palermo, Italy
09/2014 to 05/2018	Dual Doctorate of Philosophy, Biomedical Sciences, Graduate Program Department of Anesthesiology The University of Texas Medical Branch, Galveston, TX
06/2013-06/2014	Preparatory Research Experience Postbaccalaureate Program (PREP) Scholar, University of Alabama- Birmingham, Alabama, Birmingham
08/2005-05/2011	Bachelor's of Science in Genetics, University of Georgia, Athens, Georgia
08/2005-05/2011	Bachelor's of Science in Agriculture, University of Georgia, Athens, Georgia
08/2005-05/2011	Bachelor's of Science in Microbiology,

University of Georgia, Athens, Georgia

LICENSES AND CERTIFICATIONS:

2019 to present	Oregon Health Authority – Behavior Analysis Regulatory Board Behavior Analysis Interventionist
2019 to present	American Heart Association Heartsaver First Aid with CPR/AED (adult/child/infant)
2015 to present	Certified in ABSL2, University of Texas Medical Branch, Texas
2015 to present	Certified in Canon DR X-ray Applications, University of Texas Medical Branch, Texas

PROFESSIONAL AND TEACHING EXPERIENCE:

Professional Experience:

05/2019 to present	NIDA T32 Postdoctoral Fellow Department of Psychiatry Department of Behavioral Neuroscience Oregon Health & Science Center, Portland, OR Veterans Affairs Portland Health Care System, Portland, OR
01/2019 to present	Director, Youth Engaged in Science! (YES!) Initiative Developmental Cognition and Neuroimaging Lab Department of Behavioral Neuroscience Oregon Health & Science Center, Portland, OR
01/2019 to present	Centria Healthcare Behavior Analysis Interventionist Beaverton, OR
01/2019 to present	OFDIR Postdoctoral Fellow Department of Psychiatry Department of Behavioral Neuroscience Oregon Health & Science Center, Portland, OR Veterans Affairs Portland Health Care System, Portland, OR
08/2014 to 05/2018	Predoctoral Research Fellow , Department of Anesthesiology, University of Texas Medical Branch, Galveston, TX Mentor: Dr. Maria Micci <u>Project:</u> “Neuropathological Alterations after Smoke Inhalation Injury, with and without Skin Burn”

- 09/2015 to 12/2017 **Internship**, Research Pathology, University of Texas Medical Branch, Galveston, TX
Mentor: Kenneth Escobar
Training: Tissue processing and embedding, microtomy, cryotomy, routine and special histochemical stains, and immunohistochemistry. Equipment training in light and epifluorescent microscopes, photomicroscope, microtome, cryostat, laser capture microdissection system, image analysis software, and tissue arrayer.
- 01/2016 to 05/2017 **Teaching Assistant Wet Lab Neuroscience and Human Behavior**, School of Medicine, University of Texas Medical Branch, Galveston, TX
- 06/2014-08/2014 **Research Assistant**, Department of Neuroscience, University of Alabama- Birmingham, Birmingham, Alabama
Mentor: Dr. Michelle Olsen
Project: “Astrocyte pathophysiology in rodent kindling epilepsy model.”
- 05/2014-08/2014 **Shadowing**, Department of Pediatric Surgery, University of Alabama- Birmingham, Birmingham, Alabama
Mentor: Dr. Colin Martin
- 06/2013-06/2014 **Preparatory Research Experience Postbaccalaureate Program (PREP Scholar)**, Department of Neuroscience, University of Alabama- Birmingham, Birmingham, Alabama
Mentor: Dr. Michelle Olsen
Project: “Alterations in Astrocytic Protein Expression Following Recurrent Spontaneous Seizures in a Rat Model”
- 06/2013-06/2014 **Research Fellow**, Department of Neurology, University of Alabama- Birmingham, Birmingham, Alabama
Mentor: Dr. David Clark
Project: “Neuropsychological and brain imaging research in MCI”
- 06/2012-06/2013 **Research Assistant**, Department of Public Health, Morehouse School of Medicine, Atlanta, Georgia
Mentor: Dr. Mary Langley
Project: “Carrera Adolescent Pregnancy Prevention Program”
- 06/2012-06/2013 **Research Assistant**, The Georgia Department of Behavioral Health & Developmental Disabilities (Public Health), Morehouse School of

- Medicine, Atlanta, Georgia
Mentor: Dr. Mary Langley
Project: “Community Prevention Alliance Workgroup”
- 08/2008-08/2009 **Peach State Louis Stokes Alliance for Minority Participation Research Scholar**, Poultry Diagnostic Research Center, University of Georgia, Athens, Georgia
Mentor: Dr. Naola Ferguson- Noel
Project: “Investigation of novel method for inactivation of *Mycoplasma gallisepticum* for vaccine production”
Project: “Characterization of *Mycoplasma anatis*- like isolate”
- 05/2009-05/2009 **Study Abroad: Science Maymester**, Cortona, Italy
Focus: Biology of Medicine
- 08/2007-08/2008 **Peach State Louis Stokes Alliance for Minority Participation Research Scholar**, Regenerative Bioscience Center, University of Georgia, Athens, Georgia
Mentor: Dr. Steven Stice
Project: “Functionality of Glutamate receptors in hESC- derived Neural Progenitors vs. Matured Neurons”
- 06/2007-07/2007 **Summer Undergraduate Research Program (SURP)**, Department of Genetics, University of Georgia, Athens, Georgia
Mentor: Dr. Wyatt Anderson
Project: “Aggressive Behavior in *Drosophila melanogaster*”

Technical Skills and Experience:

Microscopy: White Light, Immunofluorescence Immunohistochemistry, histopathology.

Molecular Biology: DNA and RNA isolation, Western Blotting, Real-Time PCR, Genotyping Using PCR.

Cell Culture: Tissue and Cell Culture, Cytotoxicity Assay, Colony Formation Assay, Proliferation/Apoptotic Assays, Mycoplasma Testing, FACS sorting/Flow Cytometry.

Animal work: Rat Breeding (Knockout and Transgenic), Mouse and Rat Surgical Procedures, Behavioral Tests with Rats, Ovine and Porcine Neuroanatomy, Anesthesia, Ovine Surgical Procedures, Hemodynamic Measures, Smoke Inhalation Injury, 3rd degree burn, Autopsy, Microdialysis.

Computer Skills: Microsoft Office, Image J, Living Image (IVIS).

PROFESSIONAL ORGANIZATIONS

08/2017- present Member, The National Society of Leadership and Success

05/2015- present Member, Sigma Xi

HONORS AND AWARDS

5/2020 STEM+Arts Career Profile – Dr. Anita Randolph, iUrbanTeen feature, <https://iurbanteen.org/2020/05/stemarts-career-profile-anita-randolph/>

8/2019 Podcast featuring the outreach efforts of the Youth Engaged in Science! (YES)! (<https://soundcloud.com/ohsuweek/engaging-youth-in-science>) OHSU Research feature, Oregon Health & Science University, Portland

04/2019 The brain: Trauma, addiction, and health disparities (<https://blogs.ohsu.edu/researchnews/2019/03/20/the-brain-trauma-addiction-and-health-disparities/>), OHSU Research feature, Oregon Health & Science University, Portland

06/2018 3rd place oral award, Annual NEURAL Conference, University of Alabama, Birmingham

05/2018 National Engaged Leader, The National Society of Leadership and Success

03/2018 Travel award, NEURAL Conference, University of Alabama, Birmingham

03/2016 2nd place oral award, Third Annual Symposium for Cell Biology Graduate Program

06/2015 Travel award, NEURAL Conference, University of Alabama, Birmingham

08/2006-2010 Research Scholar, University of Georgia

04/2010 Spotlight Student: College of Agriculture and Environmental Sciences, University of Georgia

05/2009 Science Maymester: Cortona, Italy scholarship, University of Georgia

12/2008-2009 Academic Scholarship, University of Georgia

12/2008 Outstanding Student award in STEM research, University of Georgia

COMMUNITY SERVICE AND ACTIVITIES:

08/2019- present	Executive Board – Bybee Lakes Helping Hands Reentry Outreach Center The Mission of Helping Hands is to provide a helping hand to a sustainable life through Resources, Recovery, and Reentry.
11/2019- present	Portland iHub Advisory Group – iUrban Teens Mission – To expose and inspire underrepresented youth to become tomorrow’s business and technology leaders.
08/2019- present	Executive Board – Harmabee Center Vision – to create a better world for women and children in Africa by pulling together the people of the Pacific Northwest with the people and diverse cultures of Africa for the good of the community.
08/2019- present	Founder and CEO – Building Everyday Alliances by Delivering Support (BEADS). BEADS is on a mission to tackle the issues of inequality in STEM by making STEAM more accessible to all while striving to improve public health. We believe that increasing access to STEAM resources will inspire and prepare the youth to consider, persist, and ultimately compete in STEAM careers.
01/2019 to present	Director, Youth Engaged in Science! (YES!) Initiative The YES! Initiative is a multi-faceted program aimed at exposing students from underrepresented minority (URM) backgrounds to scientific research and related careers. YES! offers science education programs and activities to middle- and high-school students, including neuroscience workshops at schools and educational tours of the OHSU research laboratories and centers.
09/2018- 12/2018	Volunteer, Real Africa Encounter (Ghana- mental health, Tanzania- teaching, South Africa- wildlife conservation)/ Plan My Gap Year
08/2014- 05/2018	Member, Society for Neuroscience/ University of Texas Medical Branch
01/ 2017- 06/2018	Member, Teacher for Happy Harbor and media ministry/ Island Church
06/2016- 08/ 2017	Ambassador, Graduate Student Organization (GSO)/ University of Texas Medical Branch

08/2014- 08/2017	Member, Military Medical Association/ University of Texas Medical Branch
08/2014- 08/2017	Member, Global Brigades/ University of Texas Medical Branch
08/2014- 08/2017	Member, Pan African Student Society/ University of Texas Medical Branch
03/2014-03/2014	Panelist: "Preparing for Graduate School"/Graduate School/University of Alabama- Birmingham
08/2013-08/2014	Member, Research Civitan International/University of Alabama- Birmingham
03/2010-03/2010	Panelist: "How to Choose the Perfect Major and Research Mentor"/ Peach State Louis Stokes Alliance for Minority Participation/ University of Georgia
08/2008-08/2009	Event Coordinator: "How to Choose the Perfect Major and Research Mentor"/ Peach State Louis Stokes Alliance for Minority Participation/ University of Georgia
01/2008-03/2008	Seminar Coordinator: "STEM Options in Graduate School"/ Peach State Louis Stokes Alliance for Minority Participation/ University of Georgia
08/2006-08/2008	Chaplin and Community Service Chair, National Council of Negro Women/ University of Georgia
08/2011-08/2013	Facilitator, College Preparatory / Salem Bible Church
08/2001-08/2013	Member, Sick and Shut In Ministry/ Salem Bible Church

BIBLIOGRAPHY:

Publications:

1. **Randolph AC**, Ihara K, Fukuda S, Enkhbaatar P, and Micci MA. Acute Neuropathological Alterations after Smoke Inhalation Injury, with and without Third-degree Skin Burn. Shock. Cover and spotlight, May 2019 issue.
2. Enkhbaatar P, Fukuda S, Ihara K, Nelson C, **Randolph AC**, Herndon D, Prough D. Modulation of Peroxynitrite Reduces Norepinephrine Requirements in Ovine MRSA Septic. Critical Care Medicine.
3. Ihara K, Fukuda S, Enkhtaivan B, Trujillo R, Peres-Bello D, Nelson C, **Randolph AC**, Alharbi S, Hanif H, Herndon D, Prough D, and Enkhbaatar P. Adipose-derived stem cells attenuate pulmonary microvascular hyperpermeability after smoke inhalation. PLOS one (October 2017).

4. Nwaobi SE, Cuddapah VA, Patterson KC, **Randolph AC**, & Olsen ML. The role of glial-specific Kir4.1 in normal and pathological states of the CNS. Acta Neuropathologica (March 2016).

Abstracts:

1. **Randolph AC**, Ihara K, Fukuda S, Enkhbaatar P, and Micci MA. Acute Neuropathological Alterations after Smoke Inhalation Injury, with and without Third-degree Skin Burn. NEURAL, Birmingham, AL, 2018
2. **Randolph AC**, Ihara K, Fukuda S, Enkhbaatar P, and Micci MA. Acute Neuropathological Alterations after Smoke Inhalation Injury, with and without Third-degree Skin Burn. New Frontiers in Neuroinflammation: What Happens when CNS and periphery meets, Keystone CO, June 2018.
3. **Randolph AC**, Ihara K, Fukuda S, Escobar K, Salsbury J.R., Herndon D, Prough D and Enkhbaatar P. Microvascular Hemorrhage Following Smoke Inhalation and Skin Burn, 39th Annual Conference on Shock, Austin, TX, June 2016.
4. Ihara K, Fukuda S, Enkhtaivan B, Trujillo R, Peres-Bello D, Nelson C, **Randolph AC**, Alharb S. Impact of Adipose-Derived Mesenchymal Stem Cells on Acute Respiratory Distress Syndrome after Smoke Inhalation Injury. 39th Annual Conference on Shock, Austin, TX, June 2016.
5. Fukuda S, Jisoo K, Ihara K, **Randolph AC**, Trujillo R, Salsbury J.R., Cox R, Hawkins H, Herndon D, Prough D and Enkhbaatar P. Modulation of Peroxynitrite Reduces Norepinephrine Requirement in Ovine Septic Shock Model. 39th Annual Conference on Shock, Austin, TX, June 2016.
6. Fukuda S, Ihara K, **Randolph AC**, Perez Bello D, Cox R, Southan G, Salzman A, Salsbury J.R., Prough D and Enkhbaatar P. R-107 Attenuates Severity of Acute Respiratory Distress Syndrome Induced by Chlorine Gas Inhalation in Ovine Model. American Thoracic Society, San Francisco, CA, May 2016.
7. Ihara K, Fukuda S, Enkhtaivan B, Trujillo R, Peres-Bello D, Nelson C, **Randolph AC**, Alharb S. Impact of Adipose-Derived Mesenchymal Stem Cells on Acute Respiratory Distress Syndrome after Smoke Inhalation Injury. American Burn Association 48th Annual Meeting, Las Vegas, NV, May 2016.
8. **Randolph AC**, Ihara K, Fukuda S, Escobar K, Salsbury J.R., Herndon D, Prough D and Enkhbaatar P. Brain Damage Following Smoke Inhalation and Skin Burn. Experimental Biology 2016, San Diego CA, April 2016.
9. Fukuda S, Ihara K, **Randolph AC**, Perez Bello D, Cox R, Southan G, Salzman A, Salsbury J.R., Prough D and Enkhbaatar P. R-107 Attenuates Severity of Acute Respiratory Distress Syndrome Induced by Chlorine Gas Inhalation in Ovine Model. Society of Critical Care Medicine's (SCCM) 45th Critical Care Congress, Orlando, FL, February 2016.
10. **AC Randolph**; M.L. Olsen. Alterations in Astrocytic Protein Expression Following Recurrent Spontaneous Seizures in a Rat Model. Annual Biomedical Conference for Minority Participation, Nashville, TN, November 2013.

11. **AC Randolph**; C.D. Sturkie; D.W. Machacek; F.D. West; K. Hasneen; L. Murrah-Hanson; D. Carter; and S. L. Stice. Functionality of Glutamate receptors in hESC-derived Neural Progenitors vs. Matured Neurons. Center for Undergraduate Research Opportunity (CURO) Symposium, Athens, Georgia, June 2008.
12. **AC Randolph**; W.W. Anderson. Aggressive Behavior in *Drosophila melanogaster*. Summer Undergraduate Research Program (SURP) Conference, Athens, Georgia, July 2007.

REFERENCES: Available upon request.

Title

Riot Control Agents: Systemic Reassessment of Adverse effects on Health, Mental Stability, and Social Inequities.

Authors

Morman, A.^{3,5}, Williams, Z.^{2,3}, Smith, D.³, Randolph A.C.^{1,3,4}.

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Sankofa Center For Healing, LLC; Portland, Oregon United States, 97225

Rooted.Black Incorporated; Portland, Oregon, United States, 97217

Veteran Affairs Portland Health Care System; Portland, Oregon, United States, 97239

Don't Shoot Portland Portland Oregon, United States 97209

Key terms

Tear gas, riot control agents, protestors, law enforcement, COVID-19, health effects, mental health, public health, systematic racism, police brutality

Suggested Citation

Morman, A., Williams, Z., Smith, D., Randolph A.C. (2020). Riot Control Agents: Systemic Reassessment of Adverse effects on Health, Mental Stability, and Social inequities. Published June 26th, 2020.

Introduction

In March of 2020, the collaboration of national activist groups increased in mass numbers as the result of the continued killings of innocent Black and Brown lives, such as George Floyd, Breonna Taylor, and Ahmaud Arbery, at the hands of law enforcement and racist citizens (DeGue, et al., 2020). The world responded in sympathetic outrage in protests in the U.S. (**Figure 1**) and globally (**Figure 2**) in at least 40 countries, representing every continent except Antarctica. There is substantial evidence demonstrating that protests have the power to influence public opinion and/or government policy. As early as the 16th century, protests have driven efforts to redefine democracy around the world. Here, during the 1960s U.S. Civil Rights Movement, the power of protests enabled rapid progress towards ending discrimination and engendering equal rights was made possible through the power of protests.

While the size and diversity –which speaks to the heterogeneity of effects of tear gas on individuals– of the protests following the killings of George Floyd, Breonna Taylor, and Ahmaud Arbery seen around the world are historic in their own right, these demonstrations are further distinguished by the risks of spreading Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2), the strain of coronavirus that causes coronavirus disease 2019 (COVID-19). The Centers for Disease Control (CDC) has identified the main mode transmission of the virus from person-to-person contact and through respiratory droplets (CDC, Coronavirus Disease 2019). In the absence of any pharmaceutical intervention, the only strategy against COVID-19 is to reduce the contact of infected and asymptomatic individuals by following social distancing measures of at least six-feet distance from person-to-person (Lewnard, J.A. and Lo, N.C., 2020). With more than 2,000 cities in the U.S. documenting protests since the death of George Floyd on March 25th, 2020, there is a significant public health concern regarding the increase of COVID-19 cases (Burch, A.D.S. et al., 2020). This is even more concerning, because shortcomings in surveillance and diagnostic capacity combined with the threat of asymptomatic spread indicate that the number of cases reported to date are likely underestimated. The obvious risk of the pandemic is further fanned by the estimated 35% cases of asymptomatic carriers of the virus (Azad, A., 2020). This is of major public health concern because tear gas increases the production of respiratory droplets, and the weapons used to disseminate the gas can inadvertently spread infected respiratory droplets over long distances.

As the frequency of protests rises throughout the world, the demonstration of collectively voicing opposition is widely accepted as a manifestation of exercising the fundamental rights to freedom of expression and peaceful assembly (Haar, R. J., et al., 2017). There is growing literature indicating that the frequent use of riot control agents (RCAs), commonly referred to as ‘tear gases’ or ‘pepper sprays’, undermine these freedoms by causing injuries, intimidating communities, and leading to escalations in violence on all sides (Haar, R. J., et al., 2017; Payne-James, J. J., et al., 2011; Alpert G. P., 2004; Bylander, J., 2015). As of June 17, 2020, 100 protests calling for justice for George Floyd, Breonna Taylor, and Ahmaud Arbery, were disrupted by the use of tear gases (**Figure 3**) (Lai, K.K. et al, 2020). The local governments have yet to issue adequate safety and warnings of tear gas use. This not only raises an ethical, but moral question: If we cannot use tear gas on our enemies, why is it acceptable to use on our own citizens? When unarmed civilians, children, people with disabilities, and members of the press exercise their First Amendment rights, why are they being exposed to chemical weapons that we do not even use on the battlefield? Children, people with disabilities, and members of the press all risk permanent health effects from these chemical weapons, despite its “non-lethal” label. In this review, we show that tear gas causes biological (adverse health side effects), ecological (adverse environmental effects), mental distress (i.e. risk of anxiety, post-traumatic stress syndrome following exposure), and inequalities. These permanent effects go beyond mere crowd control; using tear gas to disrupt protests must be banned.

Methods for Search Strategy and Selection Criteria

A literature review was conducted in June 2020 using PubMed, Ovid, Science Direct, and Google Scholar with the following descriptors: Tear gas, management of tear gas, clinical features and side effects of CS, use of CN versus CS, pepper spray containing OC, Emotional distress from tear gas exposure, psychiatry outcomes from tear gas, review, insidious racism, excessive use of force, quantitative/qualitative protest data, environmental effects of tear gas, and coronavirus. Results obtained ranged between 0 and 827 manuscripts were available after the combination of different keywords. Scientific publications between 1990 and 2020 either in English discussing the mechanism of tear gas, toxic effects of tear gas, environmental damage, excessive relating to protests, and coronavirus reviews were selected. Articles concerning molecular pathways of tear gas, review papers not detailing how tears affect health, the environment, and mental health were excluded. Additionally, manuscripts discussing excessive police force outside of the scope of protests were excluded.

Results

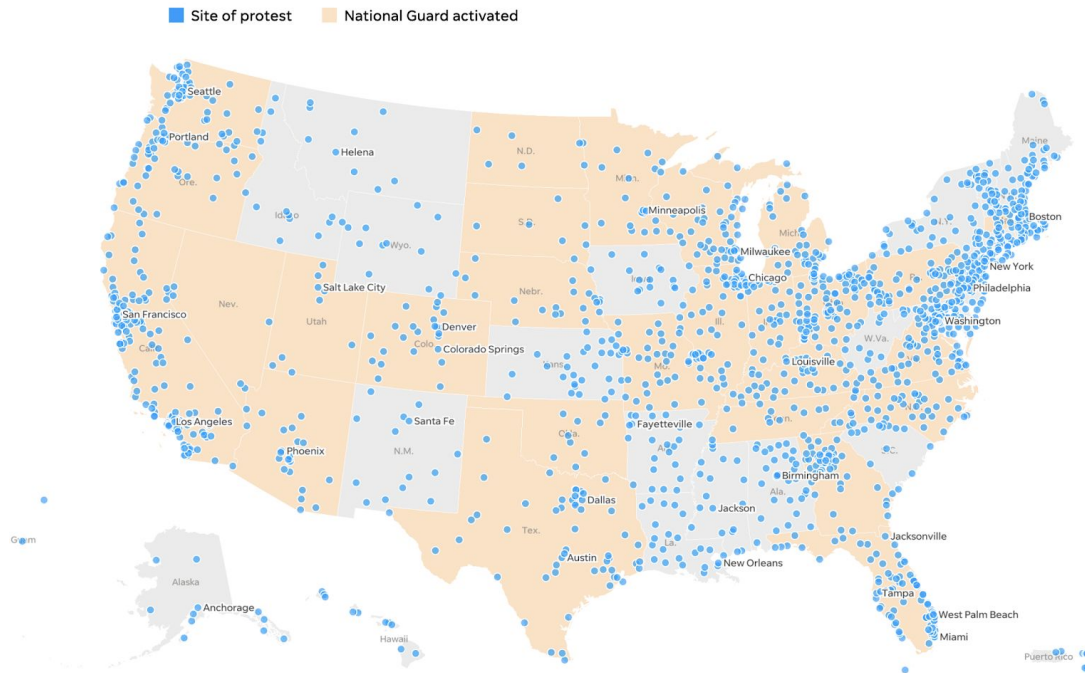


Figure 1. Protests across the United States following the death of George Floyd. Unprecedented protests broke out across the U.S. in the wake of the police killing of George Floyd in 2020. Demonstrators came out by the thousands in all 50 states, not only in metropolitan areas, but also in white suburbs, small towns and surrounding territories. USA Today. 2020. Tracking protests across the USA in the wake of George Floyd's death. Accessed June 18th, 2020.

<https://www.usatoday.com/in-depth/graphics/2020/06/03/map-protests-wake-george-floyds-death/5310149002/>

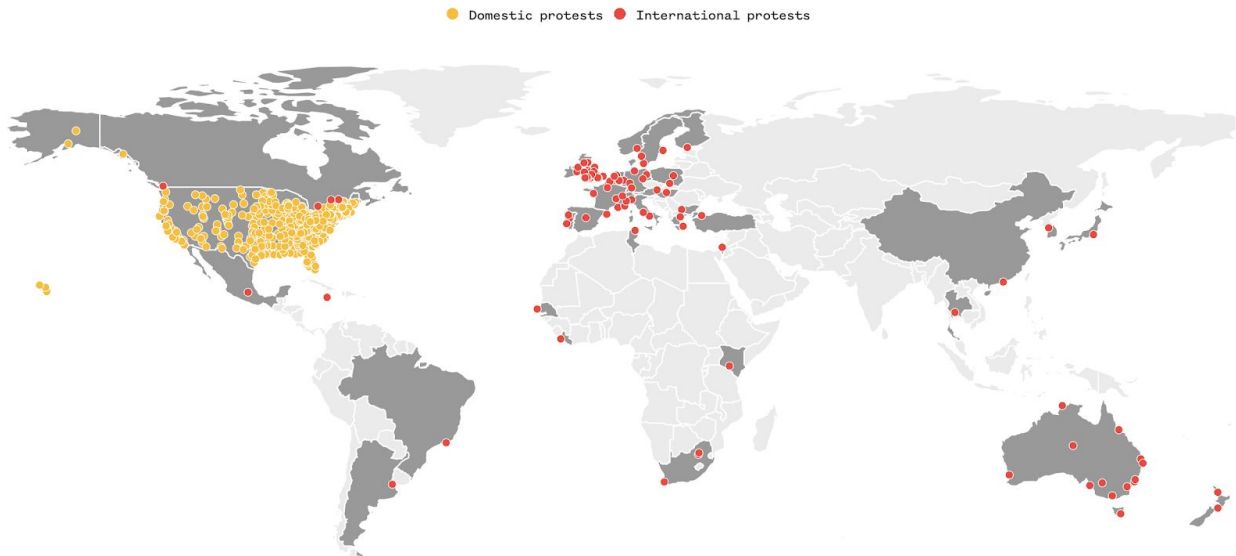


Figure 2. Protests around the world following the death of George Floyd spanning 40 countries representing every continent on the globe, except Antarctica.
NBC News. 2020. George Floyd protests around the world. Accessed June 12th, 2020.



By The New York Times

Figure 3. Cities in the U.S. where the use of tear gas was documented to disrupt protest as of June 18th, 2020.

The New York Times. 2020. Here are the 100 U.S. Cities where Protestors were Tear-Gassed. Accessed June 18th, 2020.

<https://www.nytimes.com/interactive/2020/06/16/us/george-floyd-protests-police-tear-gas.html>

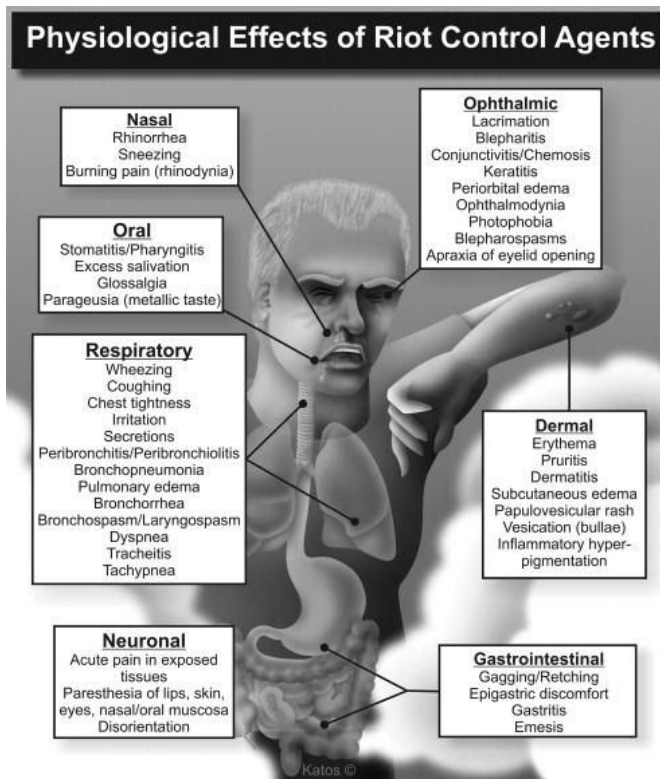


Figure 4. Physiological Effects of Riot Control Agents. Illustrated, copyright protected by Alexandre M. Katos (Hilmas, C. J., et al., 2009).

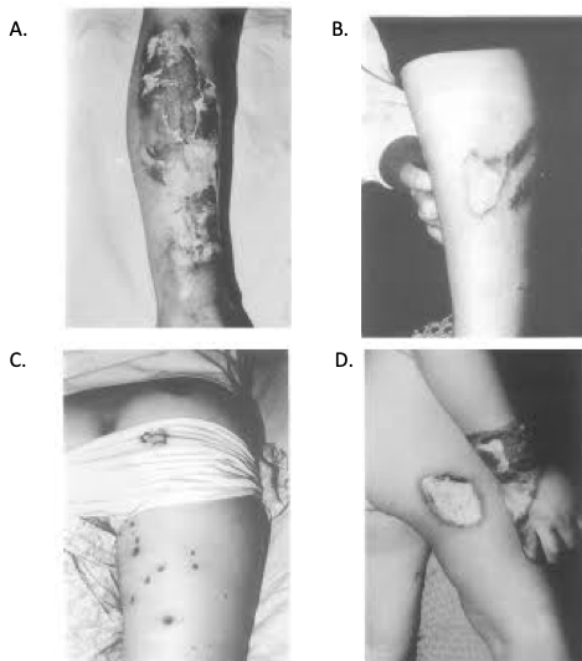


Figure 5. Mass Burns caused by CS gas.

A) Large burn injury of the leg from the explosion of a CS grenade. B) Contact burns of the forearm caused by the hot canisters. C) Chemical Burns of the buttock and the thigh caused by the powder splashing clothes and the skin in contact. D) CS chemical burn injury on the

thigh and the hand of a 5 year old boy, requiring debridement and skin grafting. Figure copyright protected by (Zekri, A. M., et al., 1995).

Table 1. Patient Demographics, Neurologic Examination, Computed Tomography Scan Findings, Management, and Outcomes

Patient Number	Age (years)	Sex	GCS Score on Admission	Pupil Reactivity	Unilateral Weakness	Wound (Entry Site)	CT Scan Findings*	Surgery†	Time Until Death (Days)
1	14	Male	10	Normal	No	Right frontal	Canister in R frontal lobe across the midline	Yes	1
2	17	Male	9	Normal	No	Right frontal	Canister in R frontal lobe across the midline	Yes	1
3	15	Male	9	Normal	No	Right frontal	Canister in R frontal lobe	Yes	3
4	18	Male	8	Normal	Right	Left occipital	Canister in L occipital lobe and basal ganglia region	Yes	3
5	19	Male	8	Normal	No	Midline occipital	Canister in both occipital lobes across the midline	Yes‡	1
6	16	Male	6	DNRP (R)	Left	Right parietal	Canister in R parietal and frontal lobes	Yes	2
7	17	Male	3	DNRP (bilateral)	NA	Left parietal	Canister in bilateral parietal lobes across the midline	No§	1
8	15	Male	3	DNRP (bilateral)	NA	Right parietal	Canister in R parietal and frontal lobes	No§	1
9	16	Male	7	DNRP (L)	Right	Left parietal	Canister in L parietal and occipital lobes	Yes	3
10	16	Male	7	DNRP (R)	Left	Right parietal	Canister in R parietal lobe	Yes	2

All patients had a combination of the following: skull fractures, intraparenchymal bone fragments, multiple brain contusions, brain edema, pneumocephalus, intraventricular hemorrhage, tract hemorrhage, and subarachnoid hemorrhage. Notably, all patients had brain tissue through the scalp wound.
GCS, Glasgow Coma Scale; CT, computed tomography; R, right; L, left; DNRP, dilated nonreacting pupil, NA, not applicable.
*Indicates unique CT scan findings.
†Surgery included canister removal with wound debridement and closure.
‡In this patient the canister could not be removed because of profuse bleeding from the straight venous sinus.
§Cases were not treated with surgery, only a simple wound closure was done.

Figure 6. Fatal Penetrating Head Injuries Caused by Projectile Tear Gas Canisters. Figure copyright protected by (Hoz, S.S, et al., 2020).

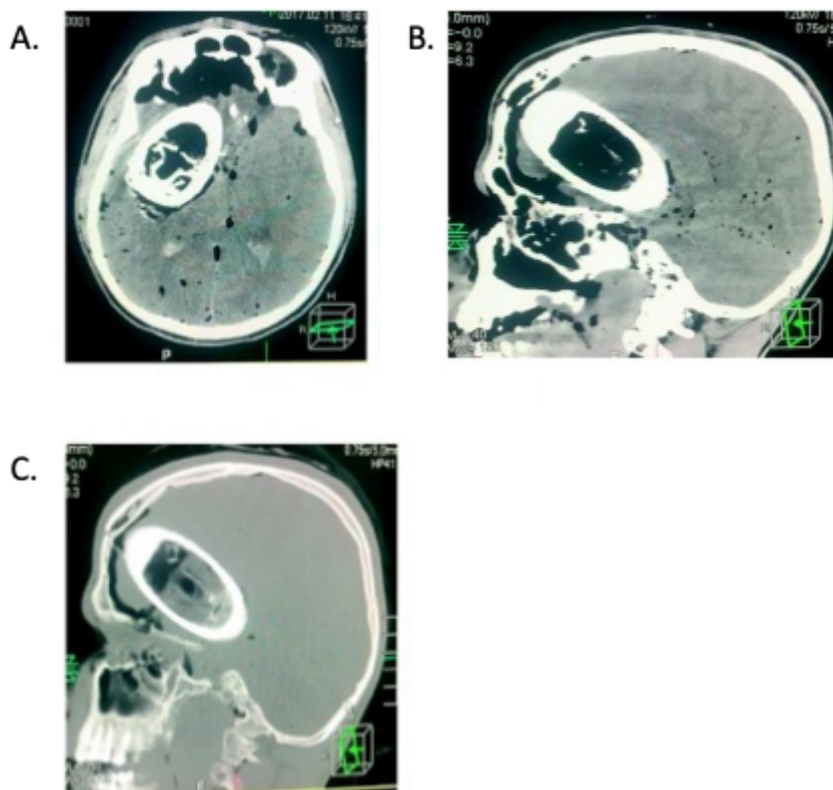


Figure 7. Initial CT scan of the brain, (A, B,) Brain (soft tissue) axial and sections, (C) Bone window section, sagittal view; show a large oval well-circumscribed hyper-dense mass with hollow cavity settled inside in the right frontal and temporal region representing a foreign

body inside the skull and causing brain edema, intraventricular hemorrhage, widespread pneumocephalus, intracranial bone chips and midline shift. (Alhillo, H. T., et al., 2018).



Figure 8. Say their Names Chart presenting the local (Portland, Oregon) and national (U.S.) cases of gun violence and police brutality by way of excessive use of force (Morman, A. 2020).

Discussion

History of Riot Control Agents

Since the creation of tear gas in the 1920s, scientists and medical professionals have published articles justifying the use of tear gas as a common riot-control agent (RCA) to quell protests, riots, and civil unrest (Rothenberg, C., et al., 2016). These manuscripts showed that tear gas, whether made from o-chlorobenzylidene malononitrile (CS), 2-Chloroacetophenone (CN), or oleoresin capsicum (OC) has a large safety margin for life-threatening or irreversible toxic effects (Rothenberg, C., et al., 2016). Meaning these chemical irritants were suggested to be nonlethal and the risk of significant medical effects from exposure is unlikely. However, the manuscripts that were reviewed require the compounds to be specifically defined. There is growing empirical, scientific evidence that conflicts with previous, more theoretical, reports. For example, the term irritant as defined by the City of Portland is tear gas, mace, pepper spray, or any similar deleterious agent capable of generating offensive, noxious or suffocating fumes, gases, or vapor capable of producing temporary discomfort, permanent injury, paralysis, immobilization, tears, nausea, or other illness. Currently, several articles stressing the risks of tear gas exposure are understated and that the perceived risks are based on insufficient human epidemiological and mechanistic data with regards to a spectrum of health effects (Rothenberg, C., et al., 2016). Despite the frequency of their use since the 1960s, there has been limited analysis of their mechanisms of injury and potential lethality and longer-term morbidity (Hughes, E. and Osborne R. et al., 2010). Consequently, there is a significant gap in the knowledge of treatment plans, countermeasures, and the medical understanding of the long-term effects of using tear gas in riot-control (Rothenberg, C., et al., 2016).

Irreparable Harm

Physiochemical, Biological, and Ecological Hazards of Tear Gas contents

Modern RCAs are crystalline solids with low vapor pressure (Hilmas, C. J., et al., 2009). RCAs are typically administered as fine particles, aerosols sprays, or in solutions, therefore they are not pure gases (Hilmas, C. J., et al., 2009). Prior to dispersion, tear gas is found in a solid form at room temperature (Rothenberg et al., 2016). To convert the chemical compounds from solid to a gas, additional chemicals must be used to catalyze the chemical

reaction and devices such as grenades, canisters, or pressurized dispensers must be used to deploy RCAs as aerosols (Olajos, E.J. and Stopford, W. 2004). The reaction of converting a solid to a gas state, bypassing the liquid state, or sublimation, is mediated by numerous toxic chemicals such as pyrotechnic mixtures in grenades and canisters, methyl isobutyl ketone (MIBK or hexane) in pressurized dispensers, in addition to alcohols, organic solvents, halogenated hydrocarbons, and propellants such as freon, tetrachloroethylene, and methylene chloride (Olajos, E.J. and Stopford, W. 2004; Smith, J. and Greaves, I. 2002, CDC). The mixture of these toxic chemicals is of concern for two reasons: firstly, these solvents, such as tetrachloroethylene and methylene chloride, enable deeper skin penetration as well as larger quantities of an irritant to be dissolved and dispersed, potentially exacerbating some of the effects. Secondly, these compounds are highly toxic to humans and the environment (Vilke G.M., and Chan T.C., 2007; Bir, C., 2015; Associated Press, *Spain: Police Fired Rubber Bullets at Migrants*; International Business Times, *Migrant crisis: Hungary approves use of army, rubber bullets and tear gas against refugees*, 2015; Daily BBC, *Turkish police use tear gas, water cannon to disperse protest in Ankara* 2013).

CS

For example, mounting evidence demonstrates that the harmful chemical MIBK results in more adverse side effects than CS itself (Smith and Greaves, 2002; Rothenberg et al., 2016; NCBI, Methyl Isobutyl Ketone). According to the American Chemical Society, MIBK is a solvent for manufacturing paints, rubbers, pharmaceuticals, and industrial cleaners. MIBK uses include dissolving resins found in paints, inks, lacquers, and other types of surface coatings. Exposure of MIBK results in irritation to the eyes and skin, causing erythema, flaking, or blistering that may appear up to 8 hours after exposure and last up to a week (Smith and Greaves, 2002). This is much longer than the side effects from exposure of CS alone which is 15 minutes after cessation of exposure (Karagama et al., 2003).

Not only are MIBK's temporary side effects more severe than CS, there are several reports demonstrating the toxicity of MIBK. In February 2007, the National Toxicology Program (NTP) issued its final technical report (TR-538) on toxicology and carcinogenesis studies on the inhalation of MIBK in rats and mice. Under the conditions of these two-year studies, NTP researchers determined that there was some evidence of carcinogenic activity of MIBK in male F344/N rats. They also determined that there was equivocal evidence of carcinogenic activity of MIBK in female F344/N rats and that there was some evidence of carcinogenic activity of MIBK in male and female B6C3F1 mice (American Chemistry Council, Methyl

Isobutyl Ketone (MIBK), 2020). Reports dating back to 1982 by Bellanca et al., detected MIBK in the brain, liver, lung, vitreous fluid, kidney, and blood in two workers who died after exposure to several organic solvents during spray painting (Bellanca et al., 1982). Dowty et al., reported MIBK in human maternal blood samples collected immediately after delivery, indicating the potential for the compound to enter the umbilical cord and cross the placenta (Dowty et al. 1976).

For “CS” tear gas, the typical pyrotechnic composition for the dissemination of CS consists of 45% CS agent, 30% potassium chlorate, 14% epoxy resin, 7% maleic anhydride, 3% methyl nadic anhydride, and 0.03% mixed residual balance (Ledgard J., 2007). Several of these compounds are highly toxic. For example, CS gas comprises two components that react with one another, 2-chlorobenzaldehyde and malononitrile. 2-chlorobenzaldehyde has been cited by the NTP as a corrosive material that emits toxic fumes when heated to decomposition (NTP, 1992). It is also toxic to aquatic organisms and may cause long-term adverse effects in the aquatic environment (ThermoFisher Scientific. 2018. Safety Data Sheet, 2-chlorobenzaldehyde). Therefore, the material data safety sheets (MSDS) states not to flush 2-chlorobenzaldehyde into surface water or sanitary.

The second compound of CS is malononitrile (Cameo Chemicals Safety Data Sheet, malononitrile), which is classified as extremely toxic. The MSDS reported a probable oral lethal dose for humans is 5-50 mg/kg, or between seven drops and one teaspoonful, for a 70 kg (150 lb.) person (Cameo Chemicals Safety Data Sheet, malononitrile; EPA, 1998). The MSDS also stressed that malononitrile may be fatal if inhaled, swallowed, or absorbed through the skin or mucous membranes. The MSDS sheet states when malononitrile is metabolized after exposure, it is broken down to cyanide and thiocyanate. Consequently, the effects of inhalation of toxic fumes will be related to cyanide. Adverse side effects reported on the MSDS are brain and heart damage related to a lack of cellular oxygen. All occur in the exposure of tear gas. In addition to the common side effects of tear gas, acute exposure of malononitrile causes adverse symptoms such as hypertension (high blood pressure) and tachycardia (rapid heart rate), followed by hypotension (low blood pressure) and bradycardia (slow heart rate). Other symptoms include anxiety, confusion, tightness in the chest, and involuntary urination and defecation, headache, vertigo (dizziness), agitation, convulsions, paralysis, protruding eyeballs, dilated and unreactive pupils, unconsciousness and coma, lung hemorrhage and pulmonary edema may also occur.

According to its MSDS, potassium chlorate is a dangerous oxidizing agent that is explosive when mixed with combustible materials (FSC Image Safety Data Sheet, potassium chlorate). As noted above, the largest part of CS is composed of 2-chlorobenzaldehyde, which is considered a highly combustible material. Potassium chlorate is also toxic to aquatic organisms and may cause long-term adverse effects in the aquatic environment. Potential health effects from acute exposure include conjunctivitis, permanent corneal opacification, methemoglobinemia, cyanosis (bluish discoloration of the skin due to deficient oxygenation of the blood), convulsions, tachycardia, dyspnea (labored breathing), acute pulmonary edema, asphyxia, chemical pneumonitis, and upper airway obstruction caused by edema, and death. Chronic exposure may cause liver and kidney damage, methemoglobinemia (chocolate-brown colored blood), headache, weakness, dizziness, breath shortness, cyanosis (bluish skin due to deficient oxygenation of the blood), rapid heart rate, unconsciousness, and possible death.

CN

CN is a crystalline solid with a strong, pungent odor (Hilmas, C. J., et al., 2009). It is dispersed as a smoke, powder, or liquid formulation from grenades or other devices (Hilmas, C. J., et al., 2009). CN or Mace® was the most commonly used RCA for personal protection until the 1950s (Rothenberg, C., et al., 2016). Since the mid 1970s, it has been well documented that CN is three- to ten-fold more toxic than CS in rats, rabbits, guinea pigs, and mice making CN the most toxic among RCAs in use today (Ballantyne and Swanston, 1978). Consequently, it has been replaced by the less-toxic CS for riot control and capsaicin pepper spray for self-defense (Hilmas, C.J., et al., 2009).

OC

OC, commercially labelled pepper spray, is an oily resin derivative from capsicums from pepper plants of the genus *Capsicum*, commonly referred as chilli pepper (Hilmas, C. J., et al., 2009). OC gained popularity in the 1990s as a defensive weapon for civilians and law enforcement agencies because they produce an immediate, temporary immobilization and incapacitation when sprayed directly into the face or eyes (Hilmas, C. J., et al., 2009). There are five naturally occurring capsaicinoids: capsaicin, dihydrocapsaicin, nordihydrocapsaicin, homocapsaicin, and homodihydrocapsaicin. The most pungent capsaicinoid analogues are capsaicin and dihydrocapsaicin. Consequently, together they constitute 80% to 90% of the total concentration in pepper spray products (AFP 2013; Lowery, W., 2014). The absolute

and relative abundance of each capsaicinoid analogue varies in fresh peppers and therefore in OC spray products themselves (Rothenberg et al., 2016). Unfortunately, hand-held pepper spray formulations can contain OC by themselves or a mixture of OC and CS. Consequently, pepper spray can result in adverse effects due to the variability in dosing and compounded effects of being exposed to two toxic chemicals (OC and CS) simultaneously (Rothenberg, C., et al., 2016).

Physiological reaction to tear gas

Thus far, there has been inadequate research on the safety of tear gas. Most of the literature with human subjects contain small sample sizes and only include healthy individuals in controlled conditions (Kastan B., 2012; Dagli E. E., et al., 2016). For example, a study conducted by Hu et al., 1989 concluded that tear gas exposure was not associated with increased airway resistance. It is important to stress that the study was conducted on a sample of only seven healthy military volunteers, and those with a history of chronic respiratory illness were excluded (Hu, H., et al., 1989). Because the demographic of the study is not representative of the heterogeneous sample observed during the use of RCAs, the conclusion drawn cannot be applied to the safety of using tear gas on the general public.

When examining real-life examples of tear gas use in riots or instances of large-scale civil disorder, there is evidence where extended, repeated, or highly concentrated exposures pose a greater threat to respiratory health (Olajos E.J., and Stopford W., 2004; Dagli et al., 2016). Extended, repeated, or highly concentrated exposures are of significant concern for the police officials who are dispersing the tear gas during recent protests and the houseless and protesters who are repeatedly exposed to RCAs. Several studies have shown that high concentrations of CS or OC can cause severe respiratory symptoms, such as reactive airways dysfunction syndrome (RADS) (Zekri et al., 1995; Roth, V.S., and Franzblau A., 1996; Anderson P.J. et al., 1996). The development of RADS is a significant public health concern because it is a poorly understood condition that mimics asthma, but appears unresponsive to asthma treatments (Varney, V. A., et al., 2011). Consequently, there is a lack of standardized treatment of care for these patients (Varney, V. A., et al., 2011). Even more alarming is if symptoms persist for more than 6 months, there is a risk that they can become chronic (Varney, V. A., et al., 2011). For these cases, effective treatments are lacking and quality of life is poor (Varney, V. A., et al., 2011). Similar results were

documented from high concentration exposure to CN, where infiltration of the lower respiratory tract can induce pulmonary edema, apnea, and respiratory arrest (Tuorinsky S.D., and Sciuto A.M., 2008).

Additionally, data after recent massive-scale tear gas deployments in Turkey revealed persistent cough, chest pain, sputum production, hemoptysis, breathing difficulties, and nasal discharge, sometimes lasting for weeks after exposure (Dagli, E. E., et al., 2014). Further testing examining lung function revealed restriction and medium and small airway obstruction were more severe in women (Dagli, E. E., et al., 2014). It is important to note, residents in the area where tear gas was deployed experienced respiratory effects, suggesting that tear gas agents represent a persistent environmental health hazard (Dagli, E. E., et al., 2014). Also, a study by Arbak P., et al., with 93 males frequently exposed to tear gas and 55 unexposed subjects found that tear gas–exposed subjects were at greater risk for chronic bronchitis (Arbak P., et al., 2014).

Further support of adverse effects following tear gas exposure was supported by an U.S. army epidemiological study where they analyzed health effects in more than 6,000 army recruits exposed to CS in chambers during a gas mask confidence training. The results yielded unexpected respiratory risks linked to tear gas exposures in a relatively young and healthy population. After exposure, there was a high risk of presenting with acute respiratory illness, with increasing risk at higher exposure concentrations (Hout J. J., et al., 2014). Adverse side effects of respiratory illness included throat pain, cough, bronchitis, nasopharyngitis, sinusitis, and other indications. CS exposures were also associated with an increase in respiratory infections, including influenza (Hout J. J., et al., 2014). These findings led to immediate measures limiting exposure concentrations and times, improving decontamination procedures, and imposing frequent hygiene and health monitoring for U.S. soldiers. However, these precautions were not translated to non-civilian use.

On a molecular level, much of the respiratory effects are due to changes in mucociliary transport, which plays an important role in the defense against organic and inorganic particulates, and gaseous material (Sleigh, M. A., et al., 1988). Structural abnormalities of the respiratory cilia, alterations in the properties of the mucus, and impairment of the ciliary beat frequency (CBF) may impair mucociliary function (Wanner, A., et al., 1996). Many studies have revealed that inhalation of gases or aerosols of several compounds induced cilioinhibition (Wanner et al., 1996). Cilioinhibition may contribute to the accumulation of these compounds in the airways, promoting their adverse effects.

Respiratory Toxicity

The most common route of CS or CN absorption is by inhalation. Inhalation of RCAs causes burning and irritation of the airways leading to cough, chest tightness, dyspnea (Beswick, 1983; Hu, H., et al., 1989; Blain, P.G., 2003), shortness of breath (Euripidou, 2004), bronchospasm (Hu H., and Christiani, D., 1992), and bronchorrhea (Folb, P.I., and Talmud, J., 1989). Paroxysmal cough, shortness of breath, and chest tightness, characteristic of reactive airway disease, have been demonstrated to last up to several weeks post-exposure. Pulmonary effects typically resolve by 12 weeks post-exposure. Pulmonary edema may occur up to 24 hours post-exposure (Stein and Kirwan, 1964; Gonmori *et al.*, 1987). Laryngospasm, sudden spasm of the vocal cords, can occur immediately or 1 to 2 days after CS or CN exposure. Reactive airways are associated with high-level exposure to CS (Blain, P.G., 2003). Delayed onset laryngotracheobronchitis 1-2 days post-exposure, characterized by wheezing, dyspnea, tachypnea, hoarseness, fever, and purulent sputum, was reported in high concentrations of CN (Thorburn, K.M., 1982). CN typically causes an acute, patchy, inflammatory cell infiltration of the trachea, bronchi, and bronchioles, in addition to early bronchopneumonia. (Hilmas, C. J., et al., 2009).

Also, inhalation of ROC agents exacerbates underlying pulmonary disease such as asthma, emphysema, or bronchitis. Histories of asthma and chronic obstructive pulmonary disease may exacerbate effects from CS (Hilmas, C. J., et al., 2009; Worthington E., and Nee, P., 1999) or CN (Hilmas, C. J., et al., 2009; Thorburn, K.M., 1982). CS may exacerbate chronic bronchitis or precipitate an attack in known asthmatics (Rothenberg, C., et al., 2016). Long-term bronchodilator therapy was required in one patient with pre-existing pulmonary disease. Pathological findings in the lungs tend to be more severe and CN causes far greater edema.

Risks of spreading COVID-19 through increase in respiratory droplet production and dispersion by RCA weapons

COVID-19 is a systemic disease that primarily injures the vascular endothelium, which can result in lung complications such as COVID-19 pneumonia and COVID-19 Acute Respiratory Distress Syndrome (CARDS) (Marini J., and Gattinoni, L., 2020). The increased risks of contracting COVID-19 during protests are further exacerbated by the use of tear gas. At

present, the novel COVID-19 has caused a large number of deaths with 8.24 million confirmed cases worldwide, resulting in 446,000 deaths (CDC, Coronavirus Disease 2019).

According to the CDC and WHO, the COVID-19 virus is primarily transmitted between people through respiratory droplets, which are produced in high frequency due to exposure of tear gas (WHO, Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, 2020). Droplet transmission occurs when a person is in close contact (within 1 m) with someone who has respiratory symptoms (e.g., coughing or sneezing) and is therefore at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets (WHO, Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, 2020). The CDC has stated the airborne transmission may be possible in specific circumstances and settings in which procedures generate aerosols. Coughing and sneezing produce greater quantities of these particles that travel further due to the velocity of expulsion from the nose or mouth (Thomas R.J., 2013; Duguid J. P., 1945; Loudon R.G., and Roberts R.M., 1967; Zhou B., et al., 2005).

At least 100 law enforcement agencies, many in large cities, deployed some form of tear gas against civilians protesting racism and police brutality in recent weeks (**Figure 3**). This is of major public health concern because, firstly the weapons used to disseminate the gas can inadvertently spread infected respiratory droplets. These weapons are designed to aerosolize tear gas into microencapsulated aerosols ranging from 3 to 10 μm . According to the World Health Organization (WHO), COVID-19 can be transmitted through droplets particles sized $>5\text{-}10\ \mu\text{m}$ in diameter, which is in the range of the droplets that are propelled by tear gas weapons (WHO, Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, 2020). Secondly, tear gas induces the production of tears, mucus, and coughing which increases the likelihood of infected respiratory droplets being produced which can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs (Rothenberg, C., et al., 2016). It is important to emphasize that this is a strong possibility due to the chaotic nature of being exposed to tear gas since tear gas can engage targets up to 400 meters away and has a dispersion area ranging from 60 to 300 meters² (Rothenberg et al., 2016). As RCAs, such as tear gas, affect the senses, it is common for individuals to become disoriented after exposure, causing temporary loss of balance and orientation after exposure (Hilmas, C. J., et al., 2009; Thorburn, K.M., 1982). Additionally, panic and agitation are common, especially after the first exposure (Schep L.J., et al., 2013). People are more likely to be in close contact with one another to aid those in

distress, seek medical attention, and find safety. Lastly, persons who are already infected are likely to be at a much higher risk of mortality due additional pulmono-inflammatory burden introduced by these chemical inhalants. Consequently, the use of tear gas in the midst of the COVID-19 pandemic is of grave concern.

Ocular effects

The eyes are a major target for RCAs. Eye toxicity findings from RCA can range in severity from conjunctival erythema to ocular necrosis (Hilmas, C.J., et al., 2009). Generally, tear gas deployed at close range can cause severe ocular injuries, including corneal stromal edema, conjunctival tearing, and deep vascularization of the eye (Gray P. J., and Murray V., 1995). Other ocular complications included vitreous hemorrhage, traumatic optic neuropathy, symblepharon, pseudopterygium, infective keratitis, trophic keratopathy, glaucoma, and cataracts (Gray P. J., and Murray V., 1995). Additionally, because RCAs are solids, the chemicals can clump together penetrating into corneal or conjunctival tissues, particularly if individuals are close to the weapons when the tear gas is discharged (Levine R. A., and Stahl, C.J., 1968).

After CS exposure, ocular effects include erythema and edema, which may last up to 48 hours and vascularizing keratitis (Ballantyne B., et al., 1974), but symptoms generally subside after 30min (Beswick, F.W., 1983). Many of these effects depend on the concentration and duration of exposure (Blain, P. G., 2003). The conjunctivae may even progress to fulminant conjunctivitis and blurred vision (Euripidou E., et al., 2004).

CN causes a similar constellation of ocular signs and symptoms as CS, but CN toxicity is likely to be more severe in the eyes and skin. CN sprayed into the eyes from a distance causes lacrimation, edema of the corneal epithelium and conjunctivae, and reversible epithelial defects of the cornea (Leopold, I.H., and Lieberman, T.W., 1971). At close range, CN can cause long lasting and permanent damage to the eye. Toxic signs in the conjunctivae from CN include conjunctivitis, sloughing, limbal ischemia, and symblepharon formation (Scott, R. A., 1995). Permanent eye injury is unlikely except after exposure to high concentrations (Grant, W. M., 1986). Long-term sequelae may include cataracts, vitreous hemorrhage, and traumatic optic neuropathy (Gray, P. and Murray, V., 1995).

There are substantial reports demonstrating corneal effects from particulate CN exposure. Clumps of CN can result in possible penetration of the corneal stroma, severe scarring and ulceration, and deficits in the corneal reflex (Blain, P. G., 2003; Scott, R. A., 1995).

Penetration of the corneal stroma may lead to stromal edema and later vascularization, resulting in further ocular complications. These may include pseudopterygium, infective keratitis, symblepharon, trophic keratopathy, cataract hyphema, posterior synechia, secondary glaucoma, vitreous hemorrhage, and traumatic optic neuropathy (Hoffman, D. H., 1967).

Skin burn and dermatitis

There are several reports demonstrating CS exposure can result in first and second degree skin burns (**Figure 5**), especially when large quantities are used (Zekri et al., 1995; Anderson P.J. et al., 1996; Stein, A. A., and Kirwan, W. E., 1964; Weigand, D.A., 1969; Hu H., et al., 1989). Erythema is often the first sign of contact dermatitis, occurring minutes after exposure and subsiding about an hour after exposure (Hilmas, C.J. et al., 2009). However, severe skin reactions in response to CS exposure can include severe facial erythema and swelling that obscured vision (Varma, S., and Holt, P.J., 2001). The Department of Dermatology at San Francisco General Hospital reported severe CS induced erythematous dermatitis of the face, neck, and hands in several of their patients (Parneix-Spake, A. A., et al., 1993). Cases of allergic contact sensitization, a delayed hypersensitivity reaction delayed from a previous exposure to RCAs, were reported with erythematous patches and multiple vesicular eruptions on the skin following heavy exposure to CS (Ro Y. S., and Lee, C.W., 1991). Allergic sensitization was further supported by a study examining workers of a plant manufacturing CS. Ninety percent of workers reported a history of dermatitis on the arms and neck, with 7% showing positive patch-test reactions to CS, suggesting that CS may act as a contact sensitizer (Shmunis, E., and Taylor J.S., 1973). Also, CN is a more potent irritant than CS (Hilmas, C.J. et al., 2009). CN not only demonstrates greater irritation to the skin than CS, it is also a more potent skin sensitizer (Chung, C.W., and Giles, A.L., 1972). Patients frequently exposed to CN are at a high risk of developing allergic dermatitis (Penneys, N.S., 1971).

Gastrointestinal Toxicity

There are several clinical reports demonstrating CS and CN induces nausea, vomiting (emesis), and alterations in taste after exposure (Solomon, I., et al., 2003; Athanaselis, S., et al., 1990; Thorburn, K. M., 1982; Blain, P. G., 2003). Vomiting occurs if the individual is sensitive, the concentration of RCAs are sufficiently high, the exposure prolonged, the range

is close, or the event occurs in a confined space (Hilmas, C.J., et al., 2009). In one case, vomiting did not resolve until the following week in one patient. Inhalation of RCAs often leads to a metallic or burning sensation resulting in altered taste of the tongue (Folb, P. I., and Talmud, J., 1989).

Variability in Dosing

The variety of chemical agents used to convert tear gas from the solid form to gas, the concentration of chemicals, unit sizes, and delivery mechanisms used in crowd control further complicates the analysis of the short and long-term effects following exposure. The standardization of the chemicals used in these irritants are not overseen by any governing body, partly because they are manufactured by many companies around the globe in countries such as Brazil, China, Israel, South Korea, and several other countries (Omega Research Center; U.S. Department of Justice). Additionally, a report by the Committee on Acute Exposure Guideline Levels, Committee on Toxicology, Board on Environmental Studies and Toxicology, Division on Earth and Life Studies, National Research Council revealed the volume and concentration of chemicals in each spray and aerosol varied considerably among manufactures and countries (Metress E.K., and Metress S.P., 1987). Also, there are several studies that discovered the concentrations of OC may be misleading because the potency of OC is dependent not only on the concentration within a solvent but on the strength of the capsicum extracted (Rocke, L., 2014; Associated Press; Cohen, G., Huffington Post). Also, the dose of tear gas exposure of individuals may be markedly increased by the use of multiple grenades and/or canisters at the same location over a short period of time or in areas where people cannot easily escape. Due to these compounding effects, the dose levels for symptoms, toxic effects, and lethal outcomes of tear gas are difficult to determine.

Severe injury and deaths

Human deaths have been reported from RCA exposure (Thorburn, K.M., 1982; Ferslew, K., et al., 1986; Danto, B., 1987). The cause of death is usually the result of excessive RCA concentrations, confined spaces, and/ or prolonged exposures. Death occurs hours after initial exposure, and post-mortem findings are consistent with severe airway damage seen in animals (Hilmas, C. J., et al., 2009). Many of the deaths from CS and OC were in the prison systems due to the use in enclosed and poorly ventilated spaces, pre-existing respiratory

conditions of prisoners, and the lack of decontamination following use (Thorburn, K.M., 1982; Stein, A. A., and Kirwan W.E., 1964; Champman, A.J., and White, C., 1978; Brown, J. K., 2014). Another case is of a 43-year-old man who developed pulmonary edema complicated by pneumonia, heart failure, and hepatocellular damage after CS intoxication (Krapf, R., and Thalmann, H.,1981). One OC-caused death involved an inmate who died in custody and another during an aggravated arrest (Steffe *et al.*, 1995).

There have been numerous incidents where the use and misuse of the weapons used to deploy the chemicals have resulted in serious injuries and even death (Hoz, S.S. *et al.*, 2020; Billmire, D. F., *et al.*, 1996; Cil, H., *et al.*, 2012; Gerber, S., *et al.*, 2011; Haar, R. J., *et al.*, 2017). Severe injuries and deaths have been reported during the massive-scale deployments of RCAs in several countries such Iraq, Egypt, Turkey, Bahrain, and Brazil. These were often caused by direct or close impact of tear gas ammunition causing severe head, eye injuries, and burn (**Figure 6**) (Clarot, F. E., *et al.*, 2003; Atkinson, H. G., and Sollom, R., 2012).

A standard tear gas dispersion weapon is usually composed of a host of chemicals (tear gas), methylene chloride (dispersal agent), and the canister which contains a detonator and a propellant to fire the projectile (Hoz, S. S., *et al.*, 2020). The deployment velocity, and hence the damage caused by the cartridge are determined by both the firing device, distance from the target, ammunition type, firing angle, concentration of the chemicals, and the surrounding environmental conditions (Hoz, S. S., *et al.*, 2020 1 6). A recent systematic review of disabilities attributed to projectile tear gas canisters by Hoz *et al.*, revealed 2 fatalities and 48 permanent disabilities in Iraq alone (Hoz, S. S., *et al.*, 2020 6). Numerous case reports have recorded serious injuries caused by projectile tear gas ammunition, including globe injuries, blindness, maxillofacial wounds, and closed traumatic brain injuries (**Figure 7**) (Hoz, S.S., *et al.*, 2020; Clarot, F., *et al* 2003; Corbacioglu, S. K., *et al.*, 2016; Yih, J., 1995; Wani, A. A., *et al.*, 2010). The head CT scans of the 41 patients revealed extensive injuries which included multiple skull fractures, in-driven bone fragments, multiple brain contusions, diffuse brain edema, pneumocephalus, intraventricular hemorrhage, tract hemorrhage, and subarachnoid hemorrhage (Hoz, S. S., *et al.*, 2020). The authors concluded that tear gas weapons have the potential to inflict serious injuries and death. Consequently, tear gas and the weapons used to disperse RACs should be banned and strict standard operating protocols, dosage, and safety guidelines are required before the use of these weapons can be used again.

The Use of Riot Control Agents on Mental Health

There is a significant gap in knowledge in the connection between mental health and the use of tear gas. Upon conducting a literature search on Pubmed. gov, several searches using the key terms psychiatry and tear gas yielded three manuscripts. Additional key searches were conducted using psychology and tear gas and anxiety and tear gas, which yielded zero publications. Due to the lack of scientific evidence, it is impossible to draw conclusions of the mental effect of using tear gas to disrupt protests. There is only one mention of the extent of harm to the psyche post use of tear gas. A group from the University of California, Berkeley conducted a meta-analysis paper reviewing the safety and efficacy of using chemical irritants in crowd control. In that manuscript, Haar et al., reviewed 31 manuscripts. They reported of the individuals presented in the research study, 5910 people were exposed to chemical irritants and sought medical attention, of whom 5131 (87%) suffered injuries or died as a result of the exposure. Of those, fifty-eight experienced permanent disability. Of those fifty-eight, fourteen reported persistent psychiatry symptoms (Haar et al., 2017).

Of major concern, is the U.S is in the midst of a mental health crisis exacerbated by COVID-19. Currently, there have been worldwide reports demonstrating an increase in people seeking mental health services and experiencing mental health crises as a result of COVID-19. Some of the mental health symptoms reported are increases in stress, anxiety, depression, insomnia, denial, suicidal ideation, fear, grief and loss as result of the economic devastation and isolation from social distancing (Torales, J.,et al., 2020). For instance, in China the prevalence rate of traumatic stress was at an alarming 73.4%, depression was at 50.7%, generalized anxiety was at 44.7%, and insomnia was at 36.1% (Lee, S., 2020). Kaiser Family Foundation found that people in the U.S. reported that 45% of adults reported the COVID-19 pandemic is harming their mental health, and 19% reported it had a “major impact on their mental health” (Kirzinger, A., et al., 2020). Portland’s Police Chief Jami Resch reports calls for threats or attempts of suicide were up 41% in March, 2020 10 days prior to the state of emergency compared to last year (KATU, 2020).

The use of tear gas will exacerbate and further compromise the mental health and stability of protestors on the frontlines fighting for justice. The physical symptoms of tear gas often result in disorientation and agitation, putting someone in a state of fear, anxiety, and panic. Panic attacks often accompany the physical pain one experiences when being tear gassed causing them to experience trauma. Also, being involved in protest whether they are peaceful or not has an effect on the protestor's mental health and wellbeing (Ni, M., et al.,

2020). Proximity to violence during a protest is the main predictors of depression in people who are protesting (Ni, M., et al., 2020). Also, when protestors do not come in direct contact with tear gas, being in close proximity and witnessing this violence take place can have a negative effect on their mental health (Ni, M., et al., 2020). In some cases, witnessing someone being tear gassed or having prolonged/repeated exposure to tear gas can lead to symptoms of post-traumatic stress disorder (PTSD). The prevalence of PTSD ranged from 4% to 41% and the prevalence of major depression increased by 7% in areas affected by riots and protest (Ni, M., et al., 2020). Furthermore, depressive Disorder, PTSD, and anxiety disorders/symptoms were the most common mental health outcomes that individuals were diagnosed and treated in an outpatient setting after participating in riots/protest were assessed (Ni, M., et al., 2020). Other outcomes included psychiatric admission and medication, complaints of psychological distress, substance abuse and suicide (Ni, M., et al., 2020).

Balancing Inequities & Public Interests

Use of Tear Gas increases Social Inequities

As it relates to this study, balancing inequities is the use of excessive force (RCAs) as weapons towards communities to strike fear. The use of tear gas as a weapon against peaceful protestors exacerbates existing systemic inequalities and prevents First Amendment right to free speech as well as peaceful assembly (Haar, R. J., et al., 2017) which is excessively cruel to the community. As of June 20th, 2020 there have been 24 consecutive days/nights (Harbarger, M., 2020) of protests that have occurred in Portland, Oregon. In 17 out of 24 protest nights, the Portland Police Bureau (PPB) used excessive force by employing tear gas, rubber bullets, and long range acoustic devices targeted towards peaceful protestors. The unbalanced use of excessive force is seen from reports demonstrating the use of tear gas has been used at a higher rate within Black Lives Matter protests than white supremacy or Proud Boy marches (Kavanaugh, S.D, 2019).

Furthermore, the use of RCAs proves especially dangerous for the most-vulnerable communities (pregnant individuals, unhoused, and companion animals). Accessibility for most protests is still centered on able-bodied people disregarding the disability rights. While PPB often warns protesters before deploying tear gas over loudspeakers, this proves inaccessible for disabled people since PPB does not have sign language interpreters, guides for the blind, or exit routes for the limbless. When it comes to crowd control, such tactics are

universally deployed, proving especially dangerous for these vulnerable populations. This is echoed by a quote from *Occupying Disability: Critical Approaches to Community, Justice and Decolonizing Disability*, “Everytime I go down to Oscar Grant Plaza now, I weigh the risks I take on as a disabled person who can’t run away, a person who can’t cover my mouth or my eyes if they tear gas me. And this makes me furious because I have just as much right to use my voice to dissent as anyone else”.

Animals

Although RCAs are used to assert force on humans, animals are particularly at risk when in contact with these chemicals. A 1971 study exposing eight dogs to CS proved to alter the respiratory pattern, resulting in tachycardia, and increased femoral artery blood flow (Cucinell et. al., 1971). Another group from that same 1971 study proved fatal for some dogs. Two died after being exposed to CS for 23 minutes, died from respiratory distress within three days of the experiments. Of note, Portland Police Bureau maintains eight dogs as part of their special canine (K9) unit. Portland is also home to one of the highest per-capita pet-ownership rates in the nation, backed by its impressive 33 dog parks. Following protests in Hong Kong, one nearby veterinary clinic described having to relocate all the pets as the police’s tear gas seeped into the building causing one cat to begin clawing its own eyes, drawing blood (South China Morning Post, 2019). This pattern of excessive force on animals highlights that the gas is indiscriminate in the affliction of side effects and should be banned due to its public health threat towards pets.

Pattern of excessive force by law enforcement

The City of Portland enforcement leaders such as the Mayor, PPB Chief, and Oregon’s U.S. Federal Judge has publicly acknowledged that racial inequities exist, but has failed to address the harm impacted upon the community by the use of tear gas. Ted Wheeler, the Mayor of Portland, Oregon, stated on June 5, 2020, the use of tear gas against protesters is “ugly,” and admitted he agrees with activists who want the police to stop using tear gas (Mimica, M., 2020). The PPB Deputy, Chief Chris Davis, did not affirm the instances in which tear gas was unlawfully used against protestors, and as a result, a federal judge placed formal restrictive guidelines on the PPB’s ability to use tear gas on protesters, citing evidence officers have used excessive force in scattering recent demonstrations. Also, the U.S. Federal Judge that issued a 14 day restraining order against the PPB explicitly stated that Portland police must restrict their use of tear gas, and it should only be used in a

situation where the lives or safety of the public are at risk. Following this ruling on June 9, 2020 the tear gas continued.

Through reviewing the most recent attacks on protestors by PPB, there are clear patterns of excessive use of force detailed below.

Mason Lake, a professional photographer, was struck on **May 31, 2020**, by a projectile in the arm, breaking his skin, causing swelling and loss of feeling, according to his lawsuit filed Saturday, June 13, 2020 (OJD 20CV19838, 2020).

On **June 2, 2020**, Philip Elias was struck in the arm and abdomen, leaving rings of severe dark bruising on his body, according to his lawsuit filed Friday, June 12, 2020 (OJD 20CV19783, 2020).

Andrew and Samira Green (pregnant) claim they were frightened for their lives after they went to a protest on **June 2, 2020**, with their children. After police announced the gathering was an unlawful assembly, the Greens attempted to depart but were trapped in a cloud of tear gas, causing them to cough heavily and Samira Green to vomit. (OJD 20CV19978, 2020).

Brandon Farley came forward stating that the officers intentionally shot him in the knee with a rubber bullet on **June 4, 2020** prompting a visit to the hospital (OJD 20CV19839, 2020)

On **June 5, 2020**, Don't Shoot Portland on behalf of two protesters, Nicholas Roberts and Michelle "Misha" Belden filed the first federal court lawsuit stating tear gas was an excessive use of force and filed a restraining order against the City of Portland.

Julia Leggett claims she was peacefully protesting on **June 5, 2020**, when police shot a flash-bang grenade at her leg -- shredding her pants and causing painful bruising and wounds that have become infected (OJD 20CV19842, 2020).

Lydia Fuller, stated that on **June 7, 2020**, the PPB opened fire on her with military-style weapons including chemical weapons and explosive devices. She was directly hit by a rubber bullet in the chest, which caused bruising to one of her breasts and prompted her to go to the emergency room, according to her lawsuit (OJD 20CV20062, 2020).

Daniel Michaels stated he was retrieving a friend from a peaceful protest on **June 6, 2020**, when police intentionally launched projectiles into his leg, rear, and hand (OJD 20CV19840, 2020).

On **June 9, 2020**, Andrew Tolman, deaf rights activist of Fingerscrossed Interpreting, reported that as he signed to Philip Wolfe, deaf rights activist, the PPB administered tear gas without adequately providing timely announcement for proper communication translation for the deaf and deaf blind community to properly evacuate the area (Allison, M., 2020).

As of **June 14, 2020**, there are a total of 8 lawsuits alleging the use of tear gas on peaceful protestors in Portland, Oregon (Green, A., 2020).

This pattern of excessive force towards humans portrays that there is a gap in knowledge as it relates to when it is considered life threatening to use tear gas. Currently, all instances where the tear gas was dispersed was within a peaceful assembly which should not require putting the public's health at risk.

Conclusion

The U.S. has failed to address the concerns of police brutality that continues to plague our nation. Following the continued killings of innocent Black and Brown lives (**Figure 8**), such as George Floyd, Breonna Taylor, and Ahmaud Arbery, sparked unprecedented protests throughout the U.S. and around the world (**Figure 2**). From this outcry, historic hashtags were birthed such as, #BlackLivesMatter, #SayTheirNames, #DontShootPDX, and #HandsUp, which has been used to connect individuals and organizations in solidarity against police brutality and excessive use of force by law enforcement. As of June 17, 2020, 100 protests calling for justice for George Floyd, Breonna Taylor, and Ahmaud Arbery, were disrupted by the use of RCAs, such as tear gases (**Figure 3**) (Lai, K.K. et al, 2020). The risk of its use is a public health threat and has long lasting health and ecological effects, can result in severe injury, and mental distress, presenting as PTSD and anxiety disorders. Consequently, the use of tear gas to disrupt protests are harmful to the lives of all.

RCAs, such as tear gas, prior to dispersion are converted from solid to a gas using numerous toxic chemicals, which are highly toxic to humans and the environment. According to the MSDS, these chemicals are carcinogenic, toxic to aquatic organisms and may cause

long-term adverse effects in the aquatic environment, and can lead to conjunctivitis, permanent corneal opacification, convulsions, tachycardia, dyspnea, acute pulmonary edema, asphyxia, chemical pneumonitis, and upper airway obstruction caused by edema, RDA, and death. Additionally, the inhalation of ROC agents exacerbates underlying pulmonary disease such as asthma, emphysema, or bronchitis.

Additionally, there is heightened concern regarding the spread of COVID-19. According to the CDC and WHO, the COVID-19 virus is primarily transmitted between people through respiratory droplets, which are produced in high frequency due to exposure of tear gas since it elicits coughing and sneezing in exposed individuals (WHO, Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, 2020). This is of grave concern since at least 100 protests have been disrupted by the use of tear gas in recent weeks (**Figure 3**). This is alarming, especially since coughing and sneezing produce greater quantities of respiratory particles that travel further due to the velocity of expulsion from the nose or mouth (Thomas R.J., 2013; Duguid J. P., 1945; Loudon R.G., and Roberts R.M., 1967; Zhou B., et al., 2005). It is also important to stress that RCA weapons are designed to aerosolize tear gas into microencapsulated aerosols ranging from 3 to 10 μm which is in the range of the droplets particles, sized $>5\text{-}10\text{ }\mu\text{m}$ in diameter, that can transmit COVID-19.

The connections between the use of tear gas and mental health were inconclusive due to the limited research on this topic. Even though there is a huge gap in knowledge on the effects of mental distress following protests and excessive use of force, there are a few manuscripts that shed some light. It is reported that participating in protests, whether they are peaceful or violent, has an effect on the protestor's mental health and wellbeing (Ni, M., et al., 2020). For example, witnessing someone being tear gassed or having prolonged/repeated exposure to tear gas can lead to diagnosis and treatment for PTSD, depressive disorder, and anxiety disorders/symptoms, psychiatric admission and medication, substance abuse, and suicide (Ni, M., et al., 2020).

Although acknowledged by local and national governments that the use of tear gas should be banned, however, there are no current laws to end its use. The local Portland, Oregon Mayor, Deputy Police Chief and Oregon US Federal Judge agree that the use of tear gas should be replaced with an alternative method. Due to the variability in dosing, is it difficult to create safety measures for the use of tear gas in the general public. This adds to the

complexity of the conversion of the efficacy of the use of RCAs to disrupt protests. It is difficult to assess what levels will produce irreparable harm or lethal outcomes for the public and environment. This is further exacerbated by multiple grenades and/or canisters being released simultaneously in a specific area within a small time frame, as well as in locations deemed impossible to quickly escape. In addition, there are not any governing bodies to assure the Police's use of the toxic gases and rubber bullet forces are accurate and balanced in the fairness of use as it relates to when these RCA weapons are deployed on gatherings. The local government expresses that they will only use tear gas in life threatening situations, however the patterns of use of excessive force via tear gas can be seen through the amount of witnesses that are sharing their stories with the courts. It is evidence that due to the lack of standardizing a SOP for the deploying tear gas by legal authorities to avoid adverse effects to the public and surrounding ecological system, the use of RCAs such as tear gas should be banned from use.

Citations

1. DeGue et al .201. Deaths Due to Use of Lethal Force by Law Enforcement. Am J Prev Med. 2016 Nov; 51(5 Suppl 3): S173–S187. doi: 10.1016/j.amepre.2016.08.027 PMID: PMC6080222 NIHMSID: NIHMS983593 PMID: 27745606
2. Meyer, R., (2020) The Atlantic, The Protests Will Spread the Coronavirus retrieved 17 June 2020 from <https://amp.theatlantic.com/amp/article/612460/>
3. Centers for Disease Control (CDC). 2020. Coronavirus Disease 2019. Accessed June 19th, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
4. Lewnard, J.A. and Lo, N.C. (2020) Scientific and ethical basis for social-distancing interventions against COVID-19 in Lancet Infect Dis.; 20(6): 631–633 <doi: 10.1016/S1473-3099(20)30190-0> PMID: PMC7118670; PMID: 32213329 retrieved 14 June 2020 from
5. Burch, A.D.S., Cai, W., Gianordoli, G., McCarthy, M. and Patel, J.K. (2020) New York Times, How Black Lives Matter Reached Every Corner of America retrieved 17 June 2020 from <https://www.nytimes.com/interactive/2020/06/13/us/george-floyd-protests-cities-photos.html>
6. Haar, R.J., Lacopino, V., Ranadive, N., Dandu M., Weiser, S.D., 2017. Death, injury and disability from kinetic impact projectiles in crowd-control settings: a systematic review. BMJ Open. 7 (12), e018154. doi.org/10.1136/bmjopen-2017-018154.
7. Payne-James JJ, Rivers E, Green P, *et al.* 2014. Trends in less-lethal use of force techniques by police services within England and Wales: 2007- 2011. Forensic Sci. Me Pathol. 10:50–5
8. Alpert G.P., Dunham R.G. Understanding police use of force: Officers, suspects, and reciprocity: Cambridge University Press, 2004. <http://www.scopus.com/inward/record.url?eid=2-s2.0-84922918180&partnerID=40&md5=0025588c09b911e490bb9808d9d8fd03>
9. Bylander J., Unrest C. 2015. Police Use Of Force, And The Public's Health. Health Aff. 34:1264–8.

10. Lai, K.K. et al, 2020. Here Are the 99 U.S. Cities Where Protesters Were Tear-Gassed in New York Times retrieved 16 June 2020 from <https://www.nytimes.com/interactive/2020/06/16/us/george-floyd-protests-police-tear-gas.html>
11. USA Today. 2020. Tracking protests across the USA in the wake of George Floyd's death. Accessed June 18th, 2020. <https://www.usatoday.com/in-depth/graphics/2020/06/03/map-protests-wake-george-floyds-death/5310149002/>
12. CNN. 2020. Black Lives Matter protests aren't just happening in big cities. They're also in America's small towns. Accessed June 6th, 2020. <<https://www.cnn.com/2020/06/06/us/small-town-blm-protests-trnd/index.html>>
13. NBC News. 2020. Map: George Floyd protests around the world. Accessed June 12th, 2020. <https://www.nbcnews.com/news/world/map-george-floyd-protests-countries-worldwide-n1228391>
14. Lai, K.K., Marsh, B., Singhvi, A. 2020. Here Are the 99 U.S. Cities Where Protesters Were Tear-Gassed in New York Times retrieved 16 June 2020 from <https://www.nytimes.com/interactive/2020/06/16/us/george-floyd-protests-police-tear-gas.html>
15. Hilmas, C.J., Poole, M., Katos, A.M., Williams, P.T. 2009. Riot Control Agents. Handbook of Toxicology of Chemical Warfare Agents (ed. R.C. Gupta), 153-175, Academic Press: London, 2009. DOI:10.1016/B978-0-12-800159-2.00011-7
16. Zekri A.M., King W.W., Yeung R., Taylor W.R., 1995. Acute mass burns caused by o-chlorobenzylidene malononitrile (CS) tear gas. Burns. 21 (8), 586-9. doi: 10.1016/0305-4179(95)00063-h.
17. Hoz, S.S., Aljuboori, Z.S., Dolachee, A.A., Al-Sharshahi, Z.F., Alrawi, M.A., Al-Smaysim, A.M., 2020. Fatal Penetrating Head Injuries Caused by Projectile Tear Gas Canisters. World Neurosurg. 138, e119-e123. doi: 10.1016/j.wneu.2020.02.050.
18. Alhillo, H. T., Arnaout, M. M., Radhi, H. S., Al-Dhahir, M. A., Moscote-Salazar, L. R., Hoz, S. S. 2018. Direct head injury caused by a tear gas cartridge. Questions on safety: A case report from Iraq and review of the literature. Neurosci 56:179-182. doi: 10.1016/j.jocn.2018.06.051.
19. Rothenberg, C., Achanta S., Svendsen E.R., Jordt, S.E., 2016. Tear gas: an epidemiological and mechanistic reassessment. Ann N Y Acad Sci. 1378, 1:96-107. doi: 10.1111/nyas.13141.
20. Hughes E, Osborne R, ed, *A Guidebook for Less-Lethal Devices: Planning for, Selecting, and Implementing Technology Solutions. First. U.S. National Institute of Justice. Weapons Protective Systems Technologies Center*, 2010.
21. Olajos, E.J. & W. Stopford. 2004. *Riot Control Agents: Issues in Toxicology, Safety, and Health*. Boca Raton, FL: CRC Press
22. Smith, J. & I. Greaves. 2002. The use of chemical incapacitant sprays: a review. *J. Trauma* 52: 595-600.
23. CDC. 2016. Isobutyl methyl ketone, methyl isobutyl ketone, 4-methyl 2-pentanone, MIBK. Accessed May 03, 2016. <http://www.cdc.gov/niosh/npg/npgd0326.html>
24. Vilke GM, Chan TC. Less lethal technology: medical issues. *Policing*: 2007;30:341-57.
25. Bir C, Biomechanics BI. *Accidental Injury: biomechanics and prevention*. New York: Springer New York, 2015:829. 39. <<http://link.springer.com/chapter/>>
26. The Associated Press. *Spain: Police Fired Rubber Bullets at Migrants*: N. Y. Times, 2014.

- <https://www.nytimes.com/2014/02/22/world/europe/spain-police-fired-rubber-bullets-at-migrants.amp.html> (accessed 24 Sep 2015).
27. International Business Time. Migrant crisis: Hungary approves use of army, rubber bullets and tear gas against refugees. <https://amp.ibtimes.co.uk/migrant-crisis-hungary-approves-use-army-rubber-bullets-tear-gas-against-refugees-1520596> (accessed 24 Sep 2015).
 28. Turkish police use tear gas, water cannon to disperse protest in Ankara - daily. *BBC Monit Eur - Polit Supplied BBC Worldw Monit*, 2013.
 29. NCBINLM.NIH.Gov 2020. Methyl Isobutyl Ketone. Accessed June 17th, 2020. <<https://www.ncbi.nlm.nih.gov/books/NBK373195/>>
 30. Karagama Y.G., Newton J.R., Newbegin C.J.R, 2003. Short-term and long-term physical effects of exposure to CS spray. *J R Soc Med.* 96, 4:172–174. doi: 10.1258/jrsm.96.4.172
 31. American Chemistry Council. 2020 Methyl Isobutyl Ketone (MIBK). Accessed. June 17th, 2020. <https://www.americanchemistry.com/Methyl-Isobutyl-Ketone-MIBK/>
 32. Bellanca JA, Davis PL, Donnelly B, et al. Detection and quantitation of multiple volatile compounds in tissues by GC and GC/MS. *J Anal Toxicol.* 1982;6:238–240. PMID:7176553.
 33. Dowty BJ, Laseter JL, Storer J. The transplacental migration and accumulation in blood of volatile organic constituents. *Pediatr Res.* 1976;10:696–701. PMID:934736.
 34. Ledgard, J. 2007. *The Preparatory Manual of Black Powder and Pyrotechnics.* Raleigh, NC: Lulu.com.
 35. National Toxicology Program, Institute of Environmental Health Sciences, National Institutes of Health (NTP). 1992. National Toxicology Program Chemical Repository Database. Research Triangle Park, North Carolina.
 36. ThermoFisher Scientific. 2018. Safety Data Sheet 2-Chlorobenzaldehyde. Accessed on June 17th, 2020. <https://www.fishersci.com/store/msds?partNumber=AC154610010&productDescription=2-CHLOROBENZALDEHYDE+98+1LT&vendorId=VN00032119&countryCode=US&language=en>
 37. Cameo Chemicals Safety Data Sheet. 2020. Malononitrile. Accessed on June 17th, 2020. <https://cameochemicals.noaa.gov/chemical/3809#:~:text=Malononitrile%20is%20irritating%20to%20the,and%20vomiting%20may%20also%20occur>
 38. FSC Image. ThermoFisher Scientific. 2020. Potassium Chlorate. Accessed June 17th, 2020. <https://fscimage.fishersci.com/msds/19300.htm>
 39. Ballantyne, B., Swanston, D.W. (1978). The comparative acute mammalian toxicity of l-chloroacetophenone (CN) and 2-chlorobenzylidene malononitrile (CS). *Arch. Toxicol.* 40: 75-95.
 40. AFP. 2013. Turkey violence flares after police storm protest park. Accessed May 11, 2016. <https://fr.news.yahoo.com/video/turkey-violence-flares-police-storm-191500809.html>
 41. Lowery, W. 2014. Police use tear gas on crowd in Ferguson, Mo., protesting teen's death. Accessed May 20, 2016. <http://www.washingtonpost.com/news/post-nation/wp/2014/08/12/police-use-tear-gas-on-crowd/>
 42. Kastan, B. 2012. The chemical weapons convention and riot control agents: advantages of a “methods” approach to arms control. *Duke J. Comp. & Int'l L.* **22**: 267–290.

43. Dagli, E., E. Uslu, G. Ozkan, *et al.* 2014. Respiratory effects of tear gas exposure. [http:// www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference](http://www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference.2014.189.1_MeetingAbstracts.A3142) 2014.189.1_MeetingAbstracts.A3142.
44. Hu, H., J. Fine, P. Epstein, *et al.* 1989. Tear gas—harassing agent or toxic chemical weapon? *JAMA* **262**: 660–663.
45. Dagli, E., E. Uslu, G. Ozkan, *et al.* 2014. Respiratory effects of tear gas exposure on innocent by-standers. [http://www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference](http://www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference.2014.189.1_MeetingAbstracts.A3143) 2014.189.1_MeetingAbstracts. A3143.
46. Roth, V.S. & A. Franzblau. 1996. RADS after exposure to a riot-control agent: a case report. *J. Occup. Environ. Med.* **38**: 863–865.
47. Anderson, P.J., G.S. Lau, W.R. Taylor, *et al.* 1996. Acute effects of the potent lacrimator o-chlorobenzylidene malononitrile (CS) tear gas. *Hum. Exp. Toxicol.* **15**: 461–465.
48. Varney, V. A., Evans, J., and Bansal, S. A., 2011. Successful treatment of reactive airways dysfunction syndrome by high-dose vitamin D. *J Asthma Allergy.* 4: 87–91.
49. Tuorinsky, S.D. & A.M. Sciuto. 2008. “Medical aspects of chemical warfare.” In *Textbooks of Military Medicine*. S.D. Tuorinsky, Ed.: 339–370. Washington, DC: Office of the Surgeon General.
50. Dagli, E., E. Uslu, G. Ozkan, *et al.* 2014. Immediate effects of tear gas on lung functions. *Am. J. Respir. Crit. Care Med.* **189**: A5775.
51. Arbak, P., I. Baser, O.O. Kumbasar, *et al.* 2014. Long term effects of tear gases on respiratory system: analysis of 93 cases. *Sci. World J.* **2014**: 963638.
52. Hout, J.J., D.W. White, A.R. Artino, *et al.* 2014. O- chlorobenzylidene malononitrile (CS riot control agent) associated acute respiratory illnesses in a U.S. Army basic combat training cohort. *Mil. Med.* **179**: 793–798.
53. Hout, J.J., D.W. White, A. Stubner, *et al.* 2014. O- chlorobenzylidene malononitrile (CS riot control agent) exposure in a U.S. Army basic combat training cohort. *J. Environ. Health* **77**: 14–21.
54. Hout, J.J., D.W. White, M. Stevens, *et al.* 2014. Evaluation of an intervention to reduce tear gas exposures and associated acute respiratory illnesses in a US Army basic combat training cohort. *Open Epidemiol. J.* **7**: 34–45.
55. Sleigh, M.A., Blake, J.R., Liron, N., 1988. The propulsion of mucus by cilia. *Am. Rev. Respir. Dis.* **137**, 726–741.
56. Wanner, A., Salathe, M., O’Riordan, T.G., 1996. Mucociliary clearance in the airways. *Am. J. Respir. Crit. Care Med.* **154**, 1868–1902.
57. Beswick, F.W. (1983). Chemical agents used in riot control and warfare. *Hum. Toxicol.* **2**: 247-56.
58. Hu, H., Fine, J., Epstein, P. (1989). Tear gas - harassing agent or toxic chemical weapon? *J. Am. Med. Assoc.* **262**: 660-3.
59. Blain, P.G. (2003). Tear gases and irritant incapacitants: l-chloroacetophenone, 2-chlorobenzylidene malononitrile and dibenz[B,F]-1,4-oxazepine. *Toxicol. Rev.* **22**: 100-10.
60. Euripidou, E., MacLehose, R., Fletcher, A. (2004). An investigation into the short term and medium term health impacts of personal incapacitant sprays. A follow up of patients reported to the National Poisons Information Service (London). *Emerg. Med. J.* **21**: 548-52.
61. Hu, H., Christiani, D. (1992). Reactive airways dysfunction after exposure to tear gas. *Lancet* **339**: 1535.
62. Folb, P.I., Talmud, J (1989). Tear gas - its toxicology and suggestions for management of its acute effects in man. *S. Afr. Med. J.* **76**: 295.

63. Stein, A.A., Kirwan, W.E. (1964). Chloracetophenone (tear gas) poisoning: a clinico-pathologic report. *J. Forensic Sci.* 9: 374-82.
64. Gonmori, K, Muto, H., Yamamoto, T. (1987). A case of homicidal intoxication by chlorpicrin. *Am. J. Forensic Med. Pathol.* 8: 135-8.
65. Thorburn, K.M. (1982). Injuries after use of the lacrimatory agent chloroacetophenone in a confined space. *Arch. Environ. Health* 37: 182-6.
66. Worthington, E., Nee, P. (1999). CS exposure - clinical effects and management. *J. Accid. Emerg. Med.* 16: 168-70.
67. Marini J., and Gattinoni, L. 2020. Management of COVID-19 Respiratory Distress. *JAMA Insights.* 323, 22:2329-2330. doi:10.1001/jama.2020.6825
68. Thomas R.J., 2013. Particle size and pathogenicity in the respiratory tract. *Virulence.* 4, 8 : 847–858. doi: [10.4161/viru.27172](https://doi.org/10.4161/viru.27172)
69. Duguid JP. The numbers and the sites of origin of the droplets expelled during expiratory activities. *Edinb Med J.* 1945;52:385–401.
70. Loudon RG, Roberts RM. Droplet expulsion from the respiratory tract. *Am Rev Respir Dis.* 1967;95:435–42.
71. Loudon RG, Roberts RM. Relation between the airborne diameters of respiratory droplets and the diameter of the stains left after recovery. *Nature.* 1967;213:95–6. doi: 10.1038/213095a0.
72. Zhou B, Zhang Z, Li X. Numerical study of the transport of droplets or particles generated by respiratory system indoors. *Build Environ.* 2005;40:1032–9. doi: 10.1016/j.buildenv.2004.09.018.
73. WHO. 2020. Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations- Scientific brief. Accessed June 19th, 2020. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
74. World Health Organization. Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. Geneva: World Health Organization; 2014 Available from: https://apps.who.int/iris/bitstream/handle/10665/112656/9789241507134_eng.pdf?sequence=1
75. Liu J, Liao X, Qian S et al. Community transmission of severe acute respiratory syndrome coronavirus 2, Shenzhen, China, 2020. *Emerg Infect Dis* 2020 doi.org/10.3201/eid2606.200239
76. Chan J, Yuan S, Kok K et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet* 2020 doi: 10.1016/S0140-6736(20)30154-9
77. Li Q, Guan X, Wu P, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *N Engl J Med* 2020; doi:10.1056/NEJMoa2001316.
78. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020; 395: 497–506.
79. Burke RM, Midgley CM, Dratch A, Fenstersheib M, Haupt T, Holshue M, et al. Active monitoring of persons exposed to patients with confirmed COVID-19 — United States, January–February 2020. *MMWR Morb Mortal Wkly Rep.* 2020 doi : 10.15585/mmwr.mm6909e1external icon
80. World Health Organization. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) 16-24 February 2020 [Internet]. Geneva: World Health Organization; 2020 Available from: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

81. Schep L. J., Slaughter R. J., and McBride D. I., Riot control agents: the tear gases CN, CS and OC—a medical review. *J R Army Med Corps* 161(2):94-9. doi: 10.1136/jramc-2013-000165.
82. Gray, P.J. & V. Murray. 1995. Treating CS gas injuries to the eye. Exposure at close range is particularly dangerous. *BMJ* **311**: 871.
83. Levine, R.A., Stahl, C.I (1968). Eye injury caused by tear-gas weapons. *Am. J. Ophthalmol.* 65: 497-508.
84. Ballantyne, B., Swanston, D.W. (1974). The irritant effects of dilute solutions of dibenzox-azepine (CR) on the eye and tongue. *Acta Pharmacol. Toxicol.* 35, 412.
85. Beswick, F.W. (1983). Chemical agents used in riot control and warfare. *Hum. Toxicol.* 2: 247-56.
86. Scott, R.A. (1995). Illegal Mace contains more toxic CN particles (letter). *Br. Med. J* 331: 871.
87. Grant, W.M. (1986). *Toxicology of the Eye*, 3rd edition. Charles C.. Thomas, Springfield, IL.
88. Gray, P., Murray, V. (1995). Treating CS gas injuries to the eye. Exposure at close range is particularly dangerous. *BMJ* 311: 871.
89. Leopold, L.H., Lieberman, T.W. (1971). Chemical injuries of the cornea. *Fed. Proc.* 30: 92-5.
90. Hoffman, D.H. (1967). Eye burns caused by tear gas. *Br. J. Ophthalmol.* 51: 263-8.
91. Stein, A.A., Kirwan, W.E. (1964). Chloracetophenone (tear gas) poisoning: a clinico-pathologic report. *J. Forensic Sci.* 9: 374-82.
92. Weigand, D.A. (1969). Cutaneous reaction to the riot control agent CS. *Milit. Med.* 134: 437-40.
93. Varma, S. & P.J. Holt. 2001. Severe cutaneous reaction to CS gas. *Clin. Exp. Dermatol.* **26**: 248–250.
94. Parneix-Spake, A., A. Theisen, J.C. Roujeau, *et al.* 1993. Severe cutaneous reactions to self-defense sprays. *Arch. Der- matol.* **129**: 913.
95. Ro, Y.S. & C.W. Lee. 1991. Tear gas dermatitis. Allergic con- tact sensitization due to CS. *Int. J. Dermatol.* **30**: 576–577.
96. Shmunes, E. & J.S. Taylor. 1973. Industrial contact dermatitis. Effect of the riot control agent ortho- chlorobenzylidene malononitrile. *Arch. Dermatol.* **107**: 212– 216.
97. Chung, C.W., Giles, A.L. (1972). Sensitization of guinea pigs to alpha-chloroacetophenone (CN) and ortho-chlorobenzylidene malononitrile (CS), tear gas chemicals. *J. Immunol.* 109: 284-93.
98. Penneys, N.S. (1971). Contact dermatitis due to chloracetophenone. *Fed. Proc.* 30: 96-9.
99. Solomon, I., Kochba, I., Maharshak, N. (2003). Report of acci- dental CS ingestion among seven patients in central Israel and review of the current literature. *Arch. Toxicol.* 77: 601–4.
100. Athanaselis, S., Poulos, D.L., Moureinis, D.D., Koutselinis, A. (1990). Lacrimatory agents: self-defense devices or dangerous weapons? *Cut. Ocular Toxicol.* 9: 3-8.
101. Omega Research Foundation, Amnesty International. *The Human Rights Impact of Less Lethal Weapons and Other Law Enforcement Equipment*. London, UK: Amnesty International, 2015.
102. U.S. Department of Justice. Review of the Department of Justice's Use of Less Lethal Weapons. 2009 [https://oig.justice.gov/reports/ plus/e0903/final.pdf](https://oig.justice.gov/reports/plus/e0903/final.pdf).
103. Metress EK, Metress SP. The anatomy of plastic bullet damage and crowd control. *Int J Health Serv* 1987;17:333–42.
104. Rocke L. Injuries caused by plastic bullets compared with those caused by rubber bullets. *Lancet* 1983;1:919–20.

105. The Associated Press. *Spain: Police Fired Rubber Bullets at Migrants*. N. Y. Times, 2014. <http://www.nytimes.com/2014/02/22/world/europe/spain-police-fired-rubber-bullets-at-migrants.html> (accessed 24 Sep 2015).
106. Cohen G. "Israeli Troops Use Rubber Bullets Against IDF Regulations." Haaretz. 2014 <http://www.haaretz.com/news/diplomacy-defense/1.596208> (accessed 24 Sep 2015).
107. Huffington Post. Ferguson Police Reportedly Shot A Female Pastor. http://www.huffingtonpost.com/2014/08/14/ferguson-pastor-shot-police-rubber-bullet_n_5678973.html (accessed 24 Sep 2015).
108. Ferslew, K, Orcutt, R., Hagardorn, A. (1986). Spectral differentiation and gas chromatographic/mass spectrometric analysis of the lacrimators. 2-chloroacetophenone and o-chlorobenzylidene malononitrile. *J. Forensic Sci.* 31: 658-65.
109. Danto, B. (1987). Medical problems and criteria regarding the use of tear gas by police. *Am. J. Forensic Med. Pathol.* 8: 317-22.
110. Stein, A.A. & W.E. Kirwan. 1964. Chloracetophenone (tear gas) poisoning: a clinico-pathologic report. *J. Forensic Sci.* 9: 265. 374–382.
111. Chapman, A.J. & C. White. 1978. Death resulting from lacrimatory agents. *J. Forensic Sci.* 23: 527–530.
48. Brown, J.K. 2014. After Florida inmate's lethal gassing, claims of cover-up. Accessed March 30, 2016. <http://www.miamiherald.com/news/politics-government/article1985286.html>
112. Krapf, R., Thalmann, H. (1981). Akute exposition durch CS-rauchgas und klinische beobachtungen. *Schweiz. Med. Wschr.* 111: 2056-60.
113. Steffe, C.H., Lantz, P.E., Flannagan, L.M., Thompson, R.L., Jason, D.R. (1995). Oleoresin capsicum (pepper) spray and "in-custody deaths". *Am. J Forens. Med. Pathol.* 16: 185-92.
114. Billmire DF, Vinocur C, Ginda M, et al. Pepper-spray-induced respiratory failure treated with extracorporeal membrane oxygenation. *Pediatrics.* 1996;98:961-963.
115. Cil H, Atilgan ZA, Islamoglu Y, Tekbas EO, Dostbil Z. Is the pepper spray a triggering factor in myocardial infarction? A case report. *Eur Rev Med Pharmacol Sci.* 2012;16(suppl 1):73-74.
116. Gerber S, Frueh BE, Tappeiner C. Conjunctival proliferation after a mild pepper spray injury in a young child. *Cornea.* 2011;30:1042-1044.
117. Haar RJ, Iacopino V, Ranadive N, Weiser SD, Dandu M. Health impacts of chemical irritants used for crowd control: a systematic review of the injuries and deaths caused by tear gas and pepper spray. *BMC Public Health.* 2017;17:831.
118. Clarot, F., E. Vaz, F. Papin, et al. 2003. Lethal head injury due to tear-gas cartridge gunshots. *Forensic Sci. Int.* 137: 45–51.
119. Atkinson, H.G. & R. Sollom. 2012. Bahrain's unprecedented use of toxic chemical agents against civilians. Accessed March 30, 2016. <http://physiciansforhumanrights.org>
120. Clarot F, Vaz E, Papin F, Clin B, Vicomte C, Proust B. Lethal head injury due to tear-gas cartridge gunshots. *Forensic Sci Int.* 2003;137:45-51.
121. Corbacioglu SK, Guler S, Er E, Seviner M, Aslan S, Aksel G. Rare and severe maxillofacial injury due to tear gas capsules: report of three cases. *J Forensic Sci.* 2016;61:551-554.
122. Yih JPCS. gas injury to the eye. *BMJ.* 1995;311:276.
123. Wani AA, Zargar J, Ramzan AU, et al. Head injury caused by tear gas cartridge in teenage population. *Pediatr Neurosurg.* 2010;46:25-28.

124. Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, 66(4), 317–320.
<https://doi.org/10.1177/0020764020915212>
125. Sherman A. Lee (2020) Coronavirus Anxiety Scale: A brief mental health screener for COVID-19 related anxiety, *Death Studies*, 44:7, 393-401,
<https://doi.org/10.1080/07481187.2020.1748481>
126. Kirzinger, A. , Kearney, A., Hamel, L., Brodie, M. (2020). KFF Health Tracking Poll - Early April 2020: The Impact Of Coronavirus On Life In America. Retrieved from <https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020/>
127. KATU.(2020). Portland Police see increase in suicide-related calls: Check in with each other. Retrieved from
<https://katu.com/news/local/portland-police-see-increase-in-suicide-related-calls-check-in-with-each-other>
128. Ni, M. Y., Kim, Y., McDowell, I., Wong, S., Qiu, H., Wong, I. O., Galea, S., Leung, G. M. (2020). Mental health during and after protests, riots and revolutions: A systematic review. *Australian & New Zealand Journal of Psychiatry*, 54(3), 232–243.
<https://doi.org/10.1177/0004867419899165>
129. Kavanaugh, S.D. (2019) Oregonlive.com Portland protests: 13 arrested as police declare civil disturbance retrieved 21 June 2020 from
<https://www.oregonlive.com/portland/2019/08/portland-protests-antifa-right-wing-groups-set-to-face-off-downtown-live-updates.html?outputType=amp>
130. Azad, A. (2020) CNN retrieved 21 June 2020 from
<https://www.cnn.com/2020/05/22/health/cdc-coronavirus-estimates-symptoms-deaths/index.html>
131. Harbarger, M. (2020) Oregonlive: Portland protests against police violence continue: 'It gives me chills' retrieved 20 June 2020 from
<https://www.oregonlive.com/portland/2020/06/protests-against-police-brutality-continue-wednesday-throughout-portland.html?outputType=amp>
132. Mimica, M. (2020) KGW News, 'Let's be honest. It's ugly': Mayor Wheeler addresses the use of Tear Gas against Portland Protestors retrieved 05 June 2020 from
<https://www.kgw.com/amp/article/news/local/portland-mayor-tear-gas-police-commissioner-bureau-cs-gas-use-of-force-demonstrations-protesters/283-68aaa568-448e-4b88-9fd1-2fd7e7800e0c>
133. VanderHart, D. (2020) OPB: Federal Judge Places Formal Restrictions On Tear Gas At Portland Protests retrieved 17 June 2020 from
<https://www.opb.org/news/article/tear-gas-ban-portland-judge-lawsuit-dont-shoot/>
134. U.S. Department of Justice. (2012) Justice Department and the City of Portland, Ore., Reach Preliminary Agreement on Reforms Regarding Portland Police Bureau's Use of Force Against Persons with Mental Illness. retrieved 21 June 2020 from
<https://www.justice.gov/opa/pr/justice-department-and-city-portland-ore-reach-preliminary-agreement-reforms-regarding>
135. Oregon Judicial Department (OJD) (2020) **20CV19838** | Mason Lake vs City of Portland retrieved 20 June 2020 from
<https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>
136. Oregon Judicial Department (OJD) (2020) **20CV19783** | Philip Elias vs City of Portland retrieved 20 June 2020 from
<https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>

137. Oregon Judicial Department (OJD) (2020) **20CV19978** | Andrew Green, Samira Green vs City of Portland retrieved 20 June 2020 from <https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>
138. Oregon Judicial Department (OJD) (2020) **20CV19839** | Brandon Farley vs City of Portland retrieved 20 June 2020 from <https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>
139. Oregon Judicial Department (OJD) (2020) **20CV19842** | Julia Leggett vs City of Portland retrieved 20 June 2020 from <https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>
140. Oregon Judicial Department (OJD) (2020) **20CV20062** | Lydia Fuller vs City of Portland retrieved 20 June 2020 from <https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>
141. Oregon Judicial Department (OJD) (2020) **20CV19840** | Daniel Michaels vs City of Portland retrieved 20 June 2020 from <https://webportal.courts.oregon.gov/portal/Home/WorkspaceMode?p=0>>
142. PortlandOregon.gov (2020) City of Portland Charter. Code and Policies Chapter 14.60.030 Tear Gas and Stun Guns retrieved 05 June 2020 from <https://www.portlandoregon.gov/citycode/article/15439>
143. Allison, M. (2020) KATU News: Deaf demonstrators say they face dangers at protests retrieved 21 June 2020 from <https://katu.com/amp/news/local/deaf-demonstrators-say-they-face-dangers-at-protests>
144. Green, A. (2020) Oregonlive.com Portland now faces 8 lawsuits seeking an end to tear gas, rubber bullets, explosives at protests retrieved 19 June 2020 from <https://www.oregonlive.com/news/2020/06/portland-now-faces-8-lawsuits-seeking-an-end-to-tear-gas-rubber-bullets-explosives-at-protests.html?outputType=amp>
145. Blackmon, D.A. (2012) Slavery By Another Name, The Re-enslavement of Black Americans from the Civil War to World War II retrieved 15 June 2020 from https://books.google.com/books/about/Slavery_by_Another_Name.html?id=2v-BYWri9lIC&printsec=frontcover&source=kp_read_button
146. Shankardass, K., Solar, O., Murphy, K. et al. (2012) A scoping review of intersectoral action for health equity involving governments. *Int J Public Health* 57, 25–33. retrieved 14 June 2020 from <https://doi.org/10.1007/s00038-011-0302-4>
147. Duffet, R. (2011) Employment equity issues in the Cape Town advertising industry: A black economic empowerment perspective retrieved 09 June 2020 from <https://academicjournals.org/journal/AJBM/article-abstract/E29FD5A14648>
148. Dowd, A. and Bensimon, E. (2015) Engaging the "race question": Accountability and equity in US higher education retrieved 14 June 2020 from https://scholar.google.com/scholar?hl=en&as_sdt=0%2C38&as_vis=1&q=equity+in+education+U.S.+scholarly&btnG=#d=gs_qabs&u=%23p%3DNLIxCvtY-70J
149. Bonilla, Y. and Rosa, J. (2015) #Ferguson: Digital protest, hashtag ethnography, and the racial politics of social media in the United States *American Ethnologist* Vol42, Issue1 retrieved 14 June 2020 from <https://doi.org/10.1111/amet.12112>
150. Smith, C.J. and Fakunle, D. (2017) From "brute" to "thug:" the demonization and criminalization of unarmed Black male victims in America from *J Hum Behav Soc Environ.* 2016; 26(3-4): 350–366. <doi: 10.1080/10911359.2015.1129256> PMID: PMC5004736 NIHMSID: NIHMS779615 PMID: 27594778 retrieved 14 June 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5004736/>
151. Congress.Gov (2019) H.R. 35 Emmett Till Anti-Lynching Act retrieved 09 June 2020 from <https://www.congress.gov/116/bills/hr35/BILLS-116hr35eh.pdf>

152. Dictionary.com (2020) Cultural Definition for Black Power retrieved 09 June 2020 from <https://www.dictionary.com/browse/black-power#cultural-section>